

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

550 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00540

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL or and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick		11	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 807 Highland Avenue		/	
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year) OF DEATH:			
(First) LILLIAN		(Middle) AMELIA		(Last) ABRECHT		January 22, 1956	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow		8. DATE OF BIRTH: November 20, 1890	
				9. AGE last birthday: 65 yrs.		IF UNDER 1 YEAR: Months Days Hours Mln.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jacob Early				14. MOTHER'S MAIDEN NAME: Rosa Funk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY NO. (If Yes, give war or dates of service): No		17. INFORMANT & ADDRESS: 807 Highland Avenue, Mrs. Edward L. Bell, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
422.2 IMMEDIATE CAUSE (A) Due TO Pulmonary Edema						1 hr.	
ANTECEDENT CAUSE (S) (B) Due TO Chronic myocarditis						20 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 21, 1956, to Jan 22, 1956, that I last saw the deceased alive on Jan 22, 1956, and that death occurred at 7:05A M, from the causes and on the date stated above.							
SIGNATURE H. H. Kline		M. D. Frederick, Maryland		DATE SIGNED 1/24/1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 24, 1956		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 24 Jan. 1956		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BUREAU V. S.

JAN 26 1956

RECEIVED

00541

551

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

Item 8, Film G192 2-1-56 et

1. PLACE OF DEATH COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) Burkittsville	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital		STREET ADDRESS (If rural, give location) —	
3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) M (Last) Arnold		4. DATE OF DEATH (Month) (Day) (Year) Jan 26 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, MARRIED DIVORCED, (Specify)	8. DATE OF BIRTH 5-25-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE last birthday (If under 1 year Months Days) (If under 24 hrs. Hours Min.) 69 yrs.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Millard Arnold		14. MOTHER'S MAIDEN NAME Hattie Pearl	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY No. —	
17. INFORMANT Mrs. Edith Arnold			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Hemorrhage -

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Gun shot wound penetrating

(c)

Left kidney, spleen & duodenum

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

(c)

Self inflicted

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home	(CITY OR TOWN) Burkittsville	(COUNTY) Frederick	(STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY Jan 26, 1956 2:30 a.m.	INJURY OCCURRED White at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Self inflicted gun shot wound		

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF I-28-56	NAME OF CEMETERY OR CREMATORY Union	LOCATION (City, town, or county) (State) Burkittsville, Maryland
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DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

27 Jan. 1956 Elizabeth B. Heck

C.H. Feete and Bro. Brunswick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. S.

JAN 30 1956

RECEIVED

585

Reg. Dist. No. 131

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural-R.D.#4	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick-Rural-R.D.#4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cap Stine Road		STREET ADDRESS Cap Stine Road	
3. NAME OF DECEASED (Type or Print) MARGARET ELIZABETH AUSHERMAN		4. DATE OF DEATH (Month) (Day) (Year) January 1, 1956	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH August 3, 1872
9. AGE last birthday 83 yrs.		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Sniveley Flook		14. MOTHER'S MAIDEN NAME Mary Shafer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS R. F. D. #4, Mrs. Tobias E. Zimmerman, Frederick, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 794X IMMEDIATE CAUSE (A) <u>Sensility</u> ANTECEDENT CAUSE(S) DUE TO (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____			INTERVAL BETWEEN ONSET AND DEATH 2 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>55</u> , to <u>Jan 1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec 15</u> , 19 <u>55</u> , and that death occurred at <u>5:00A</u> M, from the causes and on the date stated above.			
SIGNATURE <u>Rex Q. Martin</u> M.D.		ADDRESS (Street, city, town, state) Frederick, Maryland	
DATE SIGNED 1/3/1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 5, 1956	
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
24. REC'D BY REGISTRAR DATE <u>3 Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryland			

BUREAU V. S.

JAN 5

RECEIVED
JAN 4 1953

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00543

586

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Talbot	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sabillasville		LENGTH OF STAY (in this place) 1 yr		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton		20 X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20				STREET ADDRESS (If rural give location) 2			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) Annie		(Middle) M.		(Last) Bartlett		(Month) Jan. (Day) 26 (Year) 19 56	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Mar. 28. 1881	9. AGE last birthday 74 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Fisher				14. MOTHER'S MAIDEN NAME Lena ----- ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No		17. INFORMANT & ADDRESS Mrs Thomas Wagaman Sabillasville Md			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
200.1 IMMEDIATE CAUSE (A) Lympho Sarcoma - tonsil.						INTERVAL BETWEEN ONSET AND DEATH 4-6 Mos.	
ANTECEDENT CAUSE(S) DUE TO GENERALIZED METASTASES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO CHRONIC MYOCARDITIS & HYPERTENSION						5-7 yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18 May, 19 55 , to 26 Jan, 19 56 , that I last saw the deceased alive on 27 Jan, 19 56 , and that death occurred at 11:45 A.M. from the causes and on the date stated above.							
SIGNATURE Harry H. Young, Jr.		M.D.		ADDRESS (Street, city, town, state) Blue Ridge Summit, Pa.		DATE SIGNED 27 Jan 56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/28/56		NAME OF CEMETERY OR CREMATORY Blue Ridge Cemetery		LOCATION (City, town, or county) (State) Thurmont, Md.	
24. REC'D BY REGISTRAR Dr. J. B. Lyon		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Raymond E. Creager		ADDRESS Thurmont, Md.	

DATE JAN 30 1956

RECEIVED
JAN 30 1953
BUREAU V. S.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

NAME OF DECEASED JOHN F. SMITH		SEX Male		AGE 45	
DATE OF DEATH Jan. 28, 1953		TIME OF DEATH 10:30 AM		PLACE OF DEATH Home	
CAUSE OF DEATH Myocardial Infarction		MANNER OF DEATH Natural		PLACE OF BIRTH Baltimore, Md.	
OCCUPATION Salesman		MARITAL STATUS Married		EDUCATION High School	
SIGNATURE OF DECEASED (None)		SIGNATURE OF NEXT OF KIN John F. Smith		SIGNATURE OF PHYSICIAN J. Edgar Hoover	
SIGNATURE OF REGISTRAR J. Edgar Hoover		SIGNATURE OF CLERK J. Edgar Hoover		SIGNATURE OF JURY J. Edgar Hoover	

1
 This certificate is to be filled out by the physician or other person authorized by the State Department of Health to issue such certificates. It is to be filled out in duplicate, one copy to be retained by the physician or other person authorized to issue such certificates, and the other copy to be forwarded to the State Department of Health, Baltimore, Md., for filing and distribution to the appropriate authorities.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00544

552

Item 8, Film 101 1-19-56 et

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>N. Dakota</u>		COUNTY <u>Mc Henry</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR		TOWN <u>Rural - Upham</u> <u>71X-3</u>	
TOWN <u>Frederick</u>		<u>16 days</u>		STREET ADDRESS (If rural give location)		—	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>				—			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First)		(Middle)		(Last)			
HOWARD		BEARD		DEATH: <u>Jan</u> <u>6</u> <u>1956</u>			
(Type or Print)							
5. SEX: <u>M</u>		6. COLOR OR RACE: <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>		8. DATE OF BIRTH: <u>Jan. 13, 1877</u>	
				9. AGE last birthday: <u>79</u> yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Farmer</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>own farm</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>John D. Beard</u>				14. MOTHER'S MAIDEN NAME: <u>Barbara Ellen Burrier</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. —			
17. INFORMANT & ADDRESS: <u>Mrs. Ernest Garber, Fred., R 1, Md.</u>							
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE (S) DUE TO <u>Hypertension</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 15, 1956</u> , to <u>Jan 6, 1956</u> that I last saw the deceased alive on <u>Jan 6, 1956</u> , and that death occurred at <u>M</u> , from the causes and on the date stated above.							
SIGNATURE <u>J. A. Messer</u>		M. D. <u>Miss Bridge</u>		DATE SIGNED <u>Jan 7 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 9, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Chapel</u>		LOCATION (City, town, or county) (State) <u>M. Libertytown, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Jan 11, 1956</u>		REGISTRAR'S SIGNATURE <u>L. C. Power</u>		24. FUNERAL DIRECTOR <u>J. C. Barton, Walkersville, Md.</u>		ADDRESS	

RECEIVED
JAN 11 1956

BUREAU V. S.

RECEIVED

JAN 11 1956

1

INSTRUCTIONS

1 executed within **24 hours** after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly must be detached for use as a burial transit permit.

VS AISC 1-55 10M

553

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00545

CERTIFICATE OF DEATH

Item 9, Film G192 1-31-56 et

Reg. Dist. No. 121

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Frederick</u>		<u>1 hour</u>		TOWN <u>Lewistown, Md. Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <u>John Frederick Biehl</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1956</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 8, 1881</u>	
9. AGE last birthday <u>74</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Lewistown, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>			
13. FATHER'S NAME <u>James A. Biehl</u>				14. MOTHER'S MAIDEN NAME <u>Sarah C. Mort</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>				16. SOCIAL SECURITY NO. <u>214-28-5698</u>		17. INFORMANT & ADDRESS <u>Mrs. Helen Springere-Thurmont, Md.</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Acute Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
ANTECEDENT CAUSE(S) (B) <u>Arteriosclerotic Heart Disease</u>				? yrs.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/22, 1956, to 1/22, 1956, that I last saw the deceased alive on 1/22, 1956, and that death occurred at 7:30 P.M. from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>				DATE SIGNED <u>1/22/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				24. REC'D BY REGISTRAR <u>Elij. Beck</u>			
DATE THEREOF <u>1/25/56</u>				NAME OF CEMETERY OR CREMATORY <u>Utica Cemetery</u>			
LOCATION (City, town, or county) <u>Utica, Md.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond E. Torrance</u>			
DATE <u>Jan. 26, 1956</u>				ADDRESS <u>Thurmont, Md.</u>			

10545

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD.

CERTIFICATE OF DEATH

Form No. 1

1. DEATH RECORDING OFFICE OF BALTIMORE

2. PLACE OF DEATH

3. NAME OF DECEASED

4. SEX

5. RACE

6. DATE OF DEATH

7. TIME OF DEATH

8. PLACE OF DEATH

9. CAUSE OF DEATH

10. MANNER OF DEATH

11. SIGNATURE OF DECEASED

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF PHYSICIAN

14. SIGNATURE OF CLERK

15. SIGNATURE OF JUDGE

16. SIGNATURE OF SHERIFF

17. SIGNATURE OF CORONER

18. SIGNATURE OF DISTRICT ATTORNEY

19. SIGNATURE OF COUNTY CLERK

20. SIGNATURE OF CITY CLERK

21. SIGNATURE OF STATE CLERK

22. SIGNATURE OF U.S. MARSHAL

23. SIGNATURE OF U.S. ATTORNEY

24. SIGNATURE OF U.S. DISTRICT JUDGE

25. SIGNATURE OF U.S. SENATOR

26. SIGNATURE OF U.S. REPRESENTATIVE

27. SIGNATURE OF U.S. ATTORNEY GENERAL

28. SIGNATURE OF U.S. DEPARTMENT OF JUSTICE

29. SIGNATURE OF U.S. SUPREME COURT

30. SIGNATURE OF U.S. SENATE

31. SIGNATURE OF U.S. HOUSE OF REPRESENTATIVES

32. SIGNATURE OF U.S. CONGRESS

33. SIGNATURE OF U.S. SENATE AND HOUSE OF REPRESENTATIVES

34. SIGNATURE OF U.S. CONGRESS

35. SIGNATURE OF U.S. SENATE AND HOUSE OF REPRESENTATIVES

36. SIGNATURE OF U.S. CONGRESS

37. SIGNATURE OF U.S. SENATE AND HOUSE OF REPRESENTATIVES

38. SIGNATURE OF U.S. CONGRESS

39. SIGNATURE OF U.S. SENATE AND HOUSE OF REPRESENTATIVES

40. SIGNATURE OF U.S. CONGRESS

41. SIGNATURE OF U.S. SENATE AND HOUSE OF REPRESENTATIVES

42. SIGNATURE OF U.S. CONGRESS

43. SIGNATURE OF U.S. SENATE AND HOUSE OF REPRESENTATIVES

44. SIGNATURE OF U.S. CONGRESS

45. SIGNATURE OF U.S. SENATE AND HOUSE OF REPRESENTATIVES

46. SIGNATURE OF U.S. CONGRESS

47. SIGNATURE OF U.S. SENATE AND HOUSE OF REPRESENTATIVES

48. SIGNATURE OF U.S. CONGRESS

49. SIGNATURE OF U.S. SENATE AND HOUSE OF REPRESENTATIVES

50. SIGNATURE OF U.S. CONGRESS

BUREAU V. S.

JAN 23 1956

RECEIVED

ANOTHER COPY

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 10/15/2013 BY 60322 UCBAW/STP

554

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 7 West Patrick Street				STREET ADDRESS (If rural give location) 7 West Patrick Street			
3. NAME OF DECEASED: (First) (Middle) (Last) WILLIAM D. BOWERS				4. DATE (Month) (Day) (Year) OF DEATH: January 23, 19 56			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE MARRIED. WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: September 16, 1895	9. AGE last birthday 60 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer			10B. KIND OF BUSINESS OR INDUSTRY: Owner		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry W. Bowers				14. MOTHER'S MAIDEN NAME: Anna I. Fox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes		(If Yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: 7 West Patrick Street, Mrs. Norma A. Bowers, Frederick, Maryland	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
592X IMMEDIATE CAUSE (A) <u>Uremia</u>						9 months	
ANTECEDENT CAUSE (B) <u>Chronic glomerulo nephritis</u>						years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov., 1952, to 1/23, 1956, that I last saw the deceased alive on 1/23, 1956, and that death occurred at 7:30 PM, from the causes and on the date stated above.							
SIGNATURE James B. Thomas		M. D. Frederick, Maryland		DATE SIGNED 1/24/1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 26, 1956		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 25 Jan. 1956		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JAN 26 1956

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1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

555

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00547

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u> COUNTY <u>Frederick</u>		CITY <u>Frederick</u>		CITY <u>Frederick</u>	
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		CITY OR TOWN (If rural give location)	
<u>Frederick</u>		<u>6 hrs.</u>		<u>Frederick</u>		<u>1005 Motter Ave.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp.</u>				STREET ADDRESS <u>1005 Motter Ave.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>Virginia</u> (Middle) <u>Mae</u> (Last) <u>Bowersox</u>				<u>Jan 18 1956</u>			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<u>F</u>		<u>W</u>		<u>S</u>		<u>18 Jan 1956</u>	
9. AGE last birthday				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			
<u>6</u> yrs.				<u>—</u>			
11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?			
<u>Maryland</u>				<u>—</u>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Orville Clifford Bowersox</u>				<u>Eleanor Jane Nettleship</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.			
<u>(If Yes, give war or dates of service)</u>				<u>—</u>			
17. INFORMANT & ADDRESS				<u>Hospital records</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
761.0 IMMEDIATE CAUSE (A) <u>Cerebral hypoxia</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Premature separation of Placenta</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
<u>—</u>				<u>—</u>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
<u>—</u>				<u>—</u>			
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			
<u>—</u>				<u>—</u>			
21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
<u>—</u>				<u>—</u>			
22. I hereby certify that I attended the deceased from <u>18 Jan, 1956</u>, to <u>18 Jan, 1956</u>, that I last saw the deceased alive on <u>18 Jan, 1956</u>, and that death occurred at <u>11:02 M.</u> from the causes and on the date stated above.							
SIGNATURE <u>R L Guest</u>				DATE SIGNED <u>18 Jan 56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				24. REC'D BY REGISTRAR			
<u>Burial</u>				<u>—</u>			
25. FUNERAL DIRECTOR'S SIGNATURE				26. ADDRESS (Street, city, town, state)			
<u>—</u>				<u>—</u>			
DATE <u>20 Jan. 1956</u>				REGISTRAR'S SIGNATURE <u>Elizabeth B. Heath</u>			
<u>2069271404</u>				<u>—</u>			

587

00548

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Cullen	LENGTH OF STAY (in this place) 33 days.	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital		STREET ADDRESS (If rural give location) 6707 O'Donnell Street	
3. NAME OF DECEASED: (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH:	
John Luke Brady		January 16, 19 56	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: June 12, 1888
9. AGE last birthday 67 yrs.		IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Laborer	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Patrick Brady		14. MOTHER'S MAIDEN NAME: Ellen Brannan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		15. SOCIAL SECURITY No. 216-10-3184	
16. INFORMANT & ADDRESS: Deceased.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) 443X Hypertensive cardio-vascular disease.			Unknown.
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 002X			
(C) Pulmonary Tuberculosis			1 year.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 14, 19 55 to Jan. 16, 19 56 that I last saw the deceased alive on Jan. 16, 19 56 and that death occurred at 6:55 M, from the causes and on the date stated above.			
SIGNATURE John A. Moran		DATE SIGNED January 16, 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-19-56	
NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR 1/16/56		24. FUNERAL DIRECTOR John A. Moran, 3000 E. Balto. St. Baltimore, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 17 1956

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

588

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <input checked="" type="checkbox"/> TOWN Mr. Buckeystown		CITY (If outside corporate limits, write RURAL and give nearest town) <input checked="" type="checkbox"/> TOWN Mr. Buckeystown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00		STREET ADDRESS (If rural, give location) 1 Mr. Buckeystown	
3. NAME OF DECEASED (First) (Middle) (Last) William Roscoe Brightwell		4. DATE OF DEATH (Month) (Day) (Year) January 11 1956	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct 1 - 1893
9. AGE last birthday 62 yrs.		10. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James Brightwell		14. MOTHER'S MAIDEN NAME Emma Stultz	
15. SOCIAL SECURITY NO. 220-05-6903		17. INFORMANT AND ADDRESS (Nephew) Frederick, Md. Mr. Russell Brightwell - B & O Avenue	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause

(a)

Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

Exposure

(c)

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr.?

10 hrs. +

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY High way	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

R. L. Thomas, M.D. Deputy Medical Examiner

Frederick, Md.

Jan. 12-56

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Jan. 14, 1956	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) Frederick,	(State) Maryland
DATE REC'D BY LOCAL REG. 14 Jan. 1956	REGISTRAR'S SIGNATURE Elizabeth B. Heik	24. FUNERAL DIRECTOR C. E. CLINE & SON - FREDERICK, MARYLAND E. R.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 17 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

556

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00550
Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) 43 years		CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 812 North Market Street			
3. NAME OF DECEASED: (First) MAURICE (Middle) ANDREW (Last) BUCKINGHAM				4. DATE OF DEATH: January 2 19 56			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: January 9, 1877	
9. AGE last birthday: 78 yrs.		10. KIND OF BUSINESS OR INDUSTRY: Barber		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Nehemiah Buckingham				14. MOTHER'S MAIDEN NAME: Margaret Kane Buckingham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N o		16. SOCIAL SECURITY No.: 219-12-2215		17. INFORMANT & ADDRESS: (Daughter) Hagerstown, Maryland Mrs. William W. Noel - 101 W. Irvin Avenue			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset and Death	
Immediate cause (a) Cerebral Vagorrhage						2 weeks	
Antecedent causes (s) (b) Glycerin p. clous							
DUE TO (c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 15, 1955, to Jan 2, 1956, that I last saw the deceased alive on Jan 2, 1956, and that death occurred at 6:30 P.M., from the causes and on the date stated above.							
SIGNATURE (Degree or title) J. A. Pearce M.D.				DATE SIGNED 1/4/56			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Jan. 5, 1956		NAME OF CEMETERY OR CREMATORY Pipe Creek Cemetery		LOCATION (City, town, or county) Carroll County, Maryland	
DATE REC'D BY LOCAL REGISTRAR 5 Jan. 1956		REGISTRAR'S SIGNATURE Elizabeth S. Heck		24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland		ADDRESS	

RECEIVED
JAN 6 1956
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE

CERTIFICATE OF DEATH

1. DECEASED'S NAME
 LAST NAME: [REDACTED]
 FIRST NAME: [REDACTED]
 MIDDLE NAME: [REDACTED]

2. SEX
 MALE [] FEMALE []

3. AGE
 YEARS: [REDACTED] MONTHS: [REDACTED] DAYS: [REDACTED]

4. DATE OF BIRTH
 MONTH: [REDACTED] DAY: [REDACTED] YEAR: [REDACTED]

5. PLACE OF BIRTH
 CITY: [REDACTED] STATE: [REDACTED] COUNTRY: [REDACTED]

6. OCCUPATION
 [REDACTED]

7. MARITAL STATUS
 SINGLE [] MARRIED [] DIVORCED [] WIDOWED []

8. DATE OF MARRIAGE
 MONTH: [REDACTED] DAY: [REDACTED] YEAR: [REDACTED]

9. NAME OF SPOUSE
 [REDACTED]

10. NAME OF DECEASED'S FATHER
 [REDACTED]

11. NAME OF DECEASED'S MOTHER
 [REDACTED]

12. NAME OF DECEASED'S BROTHERS AND SISTERS
 [REDACTED]

13. NAME OF DECEASED'S GRANDFATHERS AND GRANDMOTHERS
 [REDACTED]

14. NAME OF DECEASED'S UNCLE AND AUNT
 [REDACTED]

15. NAME OF DECEASED'S NEPHEW AND NIECE
 [REDACTED]

16. NAME OF DECEASED'S COUSIN
 [REDACTED]

17. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

18. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

19. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

20. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

21. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

22. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

23. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

24. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

25. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

26. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

27. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

28. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

29. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

30. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

31. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

32. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

33. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

34. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

35. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

36. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

37. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

38. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

39. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

40. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

41. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

42. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

43. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

44. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

45. NAME OF DECEASED'S OTHER RELATIVES
 [REDACTED]

46. NAME OF DECEASED'S OTHER RELATIVES
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47. NAME OF DECEASED'S OTHER RELATIVES
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48. NAME OF DECEASED'S OTHER RELATIVES
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49. NAME OF DECEASED'S OTHER RELATIVES
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50. NAME OF DECEASED'S OTHER RELATIVES
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51. NAME OF DECEASED'S OTHER RELATIVES
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52. NAME OF DECEASED'S OTHER RELATIVES
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53. NAME OF DECEASED'S OTHER RELATIVES
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54. NAME OF DECEASED'S OTHER RELATIVES
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59. NAME OF DECEASED'S OTHER RELATIVES
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66. NAME OF DECEASED'S OTHER RELATIVES
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97. NAME OF DECEASED'S OTHER RELATIVES
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98. NAME OF DECEASED'S OTHER RELATIVES
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99. NAME OF DECEASED'S OTHER RELATIVES
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100. NAME OF DECEASED'S OTHER RELATIVES
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH- COUNTY <u>FREDERICK</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>FREDERICK</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>NEW MARKET</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>NEW MARKET</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>WALTER</u> (Middle) <u>E.</u> (Last) <u>BURALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30 1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb 20 1881</u>
9. AGE last birthday <u>74</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JESSE M BURALL SR.</u>		14. MOTHER'S MAIDEN NAME <u>DELILAH SHEETENHELM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY No. <u>4</u>	
17. INFORMANT AND ADDRESS <u>MRS MARY McYOLERICK NEWMARKET</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X Immediate cause (a) Metastatic carcinoma of the colon

Antecedent cause(s) (b) _____

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) _____

INTERVAL BETWEEN ONSET AND DEATH

3 yrsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) SUICIDE PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY

TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work ☐ Not While at work ☐

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1956, to 1/30, 1956, that I last saw the deceased alive on 1/15, 1956, and that death occurred at 7:35 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

FEB 1 1956 Lucian K. FalconerW. E. Falconer New Market Md

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 14 1956

RECEIVED

590

MARYLAND STATE DEPARTMENT OF HEALTH

00551

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 138

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Virginia</u> COUNTY <u>Warren</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick-Rural R.D.#6</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>OR TOWN Front Royal</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>On Route # 40, North East Bank of Jug Bridge</u>		STREET ADDRESS (If rural, give location) <u>104 West 18th Street</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>MANLEY</u>	(Middle) <u>CLETUS</u>	(Last) <u>CAMPBELL</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Unk</u>	4. DATE OF DEATH (Month) <u>January</u> (Day) <u>19</u> (Year) <u>1956</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR (Specify) <u>Wholesale Grocery</u>	8. DATE OF BIRTH <u>12 July 1904</u>	9. AGE last birthday <u>51</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Henry Campbell</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>227-22-0229</u>	
17. INFORMANT AND ADDRESS <u>Maddox Funeral Home, Front Royal, Va.</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>819X</u>	(a) <u>Fracture base of skull</u>	<u>Indeterminate</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Crushed chest</u>	
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY <u>Route 40</u>	(CITY OR TOWN) <u>New Frederick</u> (COUNTY) <u>Frederick</u> (STATE) <u>MD</u>
INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR? <u>Caught under cable - fixed object</u>	

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Bo Thomas MD Deputy Medical Examiner Frederick, MD Jan 9-1956

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>10 Jan 1956</u>	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) <u>Front Royal, Virginia</u>
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DATE REC'D BY LOCAL REG <u>1-10-56</u>	REGISTRAR'S SIGNATURE <u>Lucian K. Tolson</u>	24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>	ADDRESS
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 17 1956

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

557

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00552

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1709 Rosemont Avenue</u>		STREET ADDRESS (If rural, give location) <u>1709 Rosemont Avenue</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>Dwight Bowers Carter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11 March 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stock Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>	9. AGE last birthday <u>56</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Charles L. Carter</u>		14. MOTHER'S MAIDEN NAME <u>Nettie Tipton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY No. <u>577-09-7183</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Mirian E. Carter, Braddock Heights, Md.</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
9733 Immediate cause (a) <u>Carbon monoxide poison</u>			<u>1 hour</u>
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Garage</u>	(CITY OR TOWN) (COUNTY) (STATE) <u>Frederick Frederick Md</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>B. H. ...</u>		DATE SIGNED <u>1/8/56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>23 Jan 1956</u>	NAME OF CEMETERY OR CREMATORY <u>Arlington National Cemetery</u>
DATE REC'D BY LOCAL REG. <u>20 Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	24. FUNERAL DIRECTOR <u>M. R. Etchison and Son, Frederick, Md.</u>

BUREAU V. S.

JAN 23 1936

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

558

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00553

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>FREDERICK</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>1 month</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>NEW LONDON</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Edith H. Cashour</u>				4. DATE OF DEATH (Month) <u>1</u> (Day) <u>6</u> (Year) <u>1956</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>FEB 4-1882</u>		9. AGE last birthday <u>73</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>MICHIGAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JAMES Martin</u>				14. MOTHER'S MAIDEN NAME <u>ALICE MERRY</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT & ADDRESS <u>E.G. CASHOUR MTAIRY MD</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
331X IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage with left</u>						<u>1 mo.</u>	
ANTECEDENT CAUSE(S) DUE TO <u>hemiplegia</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) <u>arteriosclerosis, generalized</u>						<u>5 yrs</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C) <u>Diabetes mellitus</u>						<u>8 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/9</u> , 19 <u>55</u> , to <u>1/6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/6</u> , 19 <u>56</u> , and that death occurred at <u>8:15 P.</u> M. from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>				ADDRESS (Street, city, town, state) <u>M.D. 4 E. Church St. Frederick, Md</u>		DATE SIGNED <u>1/6/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>1-9-1956</u>		NAME OF CEMETERY OR CREMATORY <u>CENTRAL CEMETERY</u>		LOCATION (City, town, or county) (State) <u>NEW LONDON MD</u>	
24. REC'D BY REGISTRAR <u>1-8-1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Falconer</u>		ADDRESS <u>New Market Md</u>	

CERTIFICATE OF DEATH

Reg. Dist. No. 181

AL. HIGGINS, M.D., DISTRICT OF BALTIMORE

FR-DIVISION
NO. 110
NEW YORK

MARYLAND

DEPT. OF HEALTH

OFFICE OF THE REGISTRAR

1000 N. E. ST.

BALTIMORE, MD.

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JAMES MARTIN
HOUSEWIFE

ALICE MERRY

LEG. CASHBOOK NUMBER 10

BUREAU V. S.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be released by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00554

559

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>11 TOWN Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>TOWN Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>69 Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>527 Klineharts Alley</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES H. DAVIS</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 3, 19 56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>26 June 1889</u>	9. AGE last birthday <u>66</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kitchen Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hospital</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Davis</u>				14. MOTHER'S MAIDEN NAME <u>Annie (Maiden Name Unknown)</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW1 214-10-3533</u>		17. INFORMANT & ADDRESS <u>R. F. D. #1, Mrs. Frances H. Addison, Frederick, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
443X IMMEDIATE CAUSE (A) <u>Pulmonary Edema</u>						<u>4 years</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Hypertensive Cardiovascular Disease</u>						<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 1/3, 1956</u> , to <u>1/3, 1956</u> , that I last saw the deceased alive on <u>1/3, 1956</u> , and that death occurred at <u>2:35 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>James B. Thomas</u>				M.D. <u>Frederick, Maryland</u>		DATE SIGNED <u>1/4/1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>7 Jan 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
24. REC'D BY REGISTRAR <u>7 Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Herb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

560

CERTIFICATE OF DEATH

00555

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>243 East Sixth Street</u>				STREET ADDRESS (If rural give location) <u>417 South Market Street</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>MARY CATHERINE DeGRANGE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 14, 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>15 March 1886</u>		9. AGE last birthday <u>69</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Philip H. Cline</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Jane Hooper</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Richard W. DeGrange, Frederick, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
422.1 IMMEDIATE CAUSE (A) <u>Arterio-sclerotic Cardio-vascular disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 12</u> , 19 <u>56</u> , to <u>Jan 14</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan 12</u> , 19 <u>56</u> , and that death occurred at <u>3 A</u> .M, from the causes and on the date stated above.							
SIGNATURE <u>Bernard O. Thomas Jr.</u> M.D.				ADDRESS (Street, city, town, state) <u>Frederick, Maryland</u>		DATE SIGNED <u>16 Jan 1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>17 Jan 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		LOCATION (City, town, or county) (State) <u>Middletown, Maryland</u>	
24. REC'D BY REGISTRAR DATE <u>16 Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Herb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Md.</u>		ADDRESS	

BUREAU V. S.

JAN 17 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

580

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01752

Reg. Dist. No. 141

Item 9, FilmG192 2-21-56 et

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 East "D"				STREET ADDRESS (If rural give location) 37 East "D"			
3. NAME OF DECEASED (Type or Print) William B urns Donovan				4. DATE OF DEATH (Month) (Day) (Year) I 26 19 56			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH II-3-187I	9. AGE last birthday 85 84 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigeration Machine Shop Helper			10b. KIND OF BUSINESS OR INDUSTRY B.O.R.R.Co		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James William Donovan				14. MOTHER'S MAIDEN NAME Catherine Jeannette Steele			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Emma Donovan, Brunswick, Md.			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 450.0 IMMEDIATE CAUSE (A) Pneumonia				18. MEDICAL CERTIFICATION			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(B) Malnutrition & Sinusitis			
(C) Advanced Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 5 days			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Urinary Infection				2-4-15			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/25, 1956, to 1/26, 1956, that I last saw the deceased alive on 1/25, 1956, and that death occurred at 5:30 PM, from the causes and on the date stated above.							
SIGNATURE A. T. Bruce M.D.				DATE SIGNED 1/27/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF I-30-56		NAME OF CEMETERY OR CREMATORY St. Marys		LOCATION (City, town, or county) Petersville, Maryland	
24. REC'D BY REGISTRAR DATE 2-8-56		REGISTRAR'S SIGNATURE Eugenia H. Bucke		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Feete and Bro. Brunswick, Md			

CERTIFICATE OF DEATH

Name of Deceased Robert C. [illegible]		Date of Birth [illegible]	
Sex Male		Race White	
Date of Death Feb 9 1955		Place of Death [illegible]	
Cause of Death [illegible]		Manner of Death [illegible]	
Signature of Physician [illegible]		Signature of Registrar [illegible]	
Date of Issuance Feb 9 1955		Place of Issuance [illegible]	

BUREAU V. S.

FEB 9 1955

RECEIVED

1/21/56

Petersville, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

561

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00556

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 Frederick		LENGTH OF STAY (in this place) 2 years		CITY (If outside corporate limits, write RURAL and give nearest town) 11 Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 234 1/2 East Church Street			
3. NAME OF DECEASED: (First) PARTHENIA		(Middle) ELIZABETH		(Last) DUTROW		4. DATE OF DEATH: January 9 1956	
5. SEX: Female	5. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: June 2, 1888	9. AGE last birthday: 67 yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: R. Claude Dutrow				14. MOTHER'S MAIDEN NAME: Ida E. Beck			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: (Nephew) Mr. Ormond Dutrow - 620 Fairview Ave., Frederick			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
162X Immediate cause (a) Bronchogenic carcinoma						6 mo	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO							
(c)							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 2				19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-1, 1955, to 1-10, 1956, that I last saw the deceased alive on 1-9, 1956, and that death occurred at 11:40 P.M., from the causes and on the date stated above. SIGNATURE Dr. R. Martin M.D. ADDRESS 35 E Church Frederick Md DATE SIGNED 1-10-56							
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF Jan. 12, 1956		NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 11 Jan. 1956		REGISTRAR'S SIGNATURE Elizabeth G. Heck		24. FUNERAL DIRECTOR C. E. Cline & Son - Frederick, Maryland		ADDRESS	

RECEIVED
JAN 12 1966
BUREAU V. S.

JAN 12 1956

RECEIVED

591

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00557

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

COUNTY **FREDERICK** MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN **LEGORE** LENGTH OF STAY (in this place)
 HOSPITAL OR INSTITUTION OR STREET ADDRESS **LEGORE (NEAR NEW MIDWAY)**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **MD.** COUNTY **FREDERICK**
 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN **LEGORE**
 STREET ADDRESS (If rural give location) **LEGORE (NEAR NEW MIDWAY)**

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

CHARLES**WILBUR****FARLEY**

4. DATE OF DEATH:

(Month)

(Day)

(Year)

1**16****1956**

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): **MARRIED**8. DATE OF BIRTH: **3/26/1876**9. AGE last birthday: **79** yrs.IF UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): **FARMER, RETIRED**

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): **WEST VIRGINIA**12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME:

RICHARD FARLEY

14. MOTHER'S MAIDEN NAME:

MARY J. MARTIN15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **NO**

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

WILHELMINA FARLEY; LEGORE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause

(a) DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Cerebral Hemorrhage
Arterio Sclerosis

Interval Between Onset And Death

4 wks**yes**

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from **12-24-1955**, to **Jan 16, 1956**, that I last saw the deceased alive on **Jan 15, 1956**, and that death occurred at **3 P.M.** from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

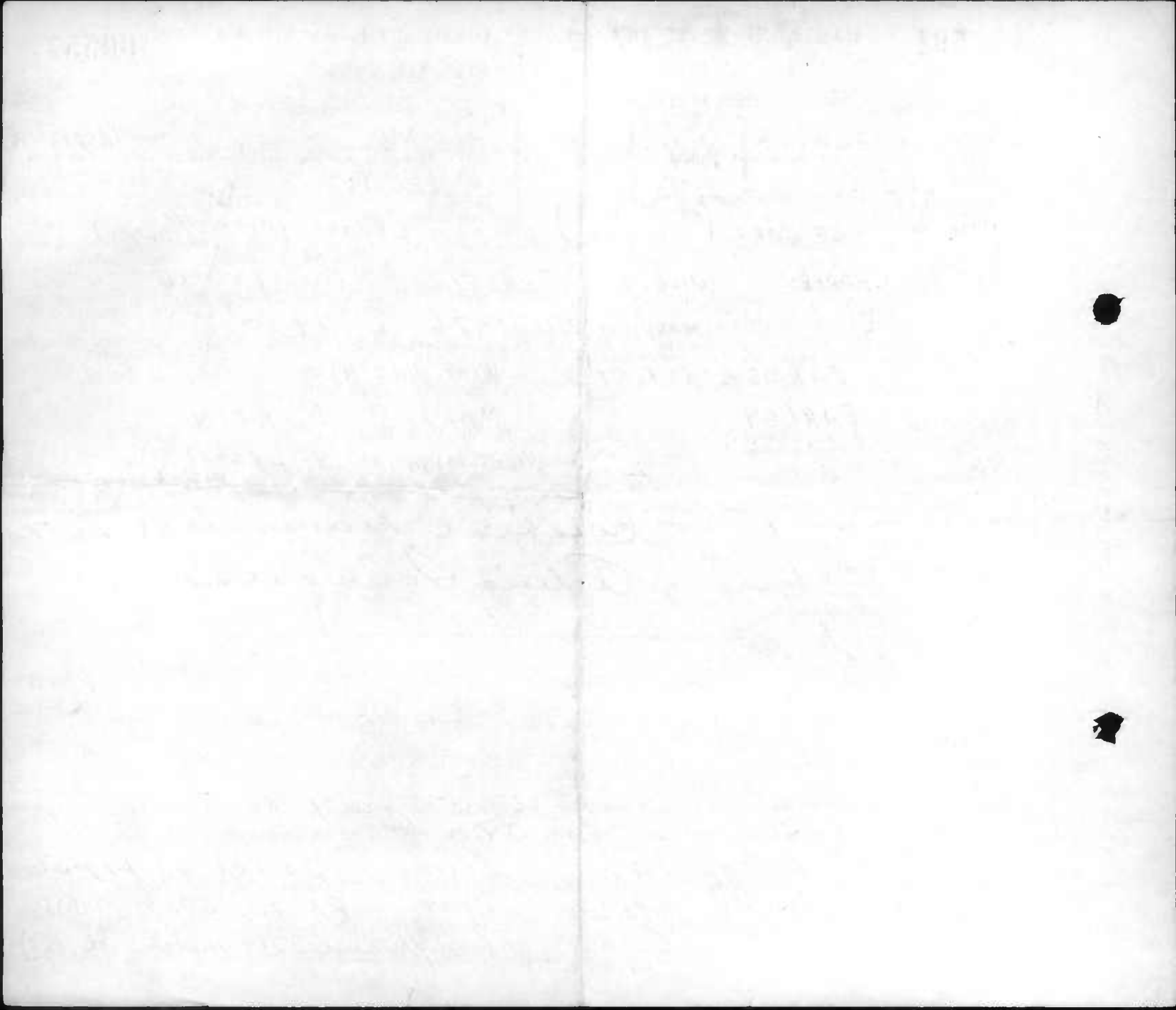
24. FUNERAL DIRECTOR

ADDRESS

BURIAL **1-18-56** **OAKLAWN CEMT.** **BALTO. CO.** **MD.**
1-18-56 **Edw. Hedrick** **C.F. Hoffmann 3218 Hudson St. (24)**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



592

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 145

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Md.</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Smithsburg</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Smithsburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u> (Middle) <u>Albert</u> (Last) <u>Farsht</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>19</u> <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-14-1875</u>
9. AGE last birthday <u>81</u> yrs.		If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>David Farsht</u>		14. MOTHER'S MAIDEN NAME <u>?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY No.	
17. INFORMANT <u>John P. Farsht, Myersville, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

1 hour

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Jan 21, 1956Play M. BittleGladhill Co. Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 24 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

562

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00559

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>MARYLAND</u>		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Frederick, Md.</u>		LENGTH OF STAY (in this place) <u>2 weeks</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Thurmont, Md.</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u></u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Ethel</u>		(Middle) <u>Virginia</u>		(Last) <u>Fogle</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 1, 1891</u>	9. AGE last birthday <u>65</u> yrs.	IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Thomas Stouffer</u>				14. MOTHER'S MAIDEN NAME <u></u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>217-03-4641</u>		17. INFORMANT & ADDRESS <u>Oscar R. Fogle--Thurmont, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
463X IMMEDIATE CAUSE (A) <u>Pulmonary Embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>minutes.</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Phlebotrombosis left Femoral Vein</u>						<u>1 mo.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Coronary Thrombosis</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21e. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/27</u>, 19<u>55</u>, to <u>1/5</u>, 19<u>56</u>, that I last saw the deceased alive on <u>1/5</u>, 19<u>56</u>, and that death occurred at <u>10 A</u>.M, from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>		M.D. <u>H. E. Church</u>		ADDRESS (Street, city, town, state) <u>18 Frederick St. Thurmont, Md.</u>		DATE SIGNED <u>1/5/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/8/56</u>		NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Cemetery</u>		LOCATION (City, town, or county) <u>Thurmont, Md.</u>	
24. REC'D BY REGISTRAR <u>JAN 9 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Beck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M.L. Creager and Son</u>		ADDRESS <u>Thurmont, Md.</u>	

10050

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 10

CERTIFICATE OF DEATH

W-10 (Rev. 1-1-56)

1. NAME OF DECEASED: [illegible]

2. PLACE OF DEATH: [illegible]

3. DATE OF DEATH: [illegible]

4. TIME OF DEATH: [illegible]

5. CAUSE OF DEATH: [illegible]

6. MANNER OF DEATH: [illegible]

7. PLACE OF BIRTH: [illegible]

8. SEX: [illegible]

9. AGE: [illegible]

10. OCCUPATION: [illegible]

11. MARITAL STATUS: [illegible]

12. EDUCATION: [illegible]

13. RELIGION: [illegible]

14. RACE: [illegible]

15. DATE OF BIRTH: [illegible]

16. PLACE OF BIRTH: [illegible]

17. DATE OF DEATH: [illegible]

18. TIME OF DEATH: [illegible]

19. CAUSE OF DEATH: [illegible]

20. MANNER OF DEATH: [illegible]

21. PLACE OF BIRTH: [illegible]

22. SEX: [illegible]

23. AGE: [illegible]

24. OCCUPATION: [illegible]

25. MARITAL STATUS: [illegible]

26. EDUCATION: [illegible]

27. RELIGION: [illegible]

28. RACE: [illegible]

29. DATE OF BIRTH: [illegible]

30. PLACE OF BIRTH: [illegible]

31. DATE OF DEATH: [illegible]

32. TIME OF DEATH: [illegible]

33. CAUSE OF DEATH: [illegible]

34. MANNER OF DEATH: [illegible]

35. PLACE OF BIRTH: [illegible]

36. SEX: [illegible]

37. AGE: [illegible]

38. OCCUPATION: [illegible]

39. MARITAL STATUS: [illegible]

40. EDUCATION: [illegible]

41. RELIGION: [illegible]

42. RACE: [illegible]

43. DATE OF BIRTH: [illegible]

44. PLACE OF BIRTH: [illegible]

45. DATE OF DEATH: [illegible]

46. TIME OF DEATH: [illegible]

47. CAUSE OF DEATH: [illegible]

48. MANNER OF DEATH: [illegible]

49. PLACE OF BIRTH: [illegible]

50. SEX: [illegible]

51. AGE: [illegible]

52. OCCUPATION: [illegible]

53. MARITAL STATUS: [illegible]

54. EDUCATION: [illegible]

55. RELIGION: [illegible]

56. RACE: [illegible]

57. DATE OF BIRTH: [illegible]

58. PLACE OF BIRTH: [illegible]

BUREAU V. S.

JAN 9 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00560

593

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>			
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Jefferson-Rural</u>		LENGTH OF STAY (in this place) <u>5 Yrs.</u>		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Jefferson-Rural</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Gene Hemp Road</u>				STREET ADDRESS (If rural give location) <u>Gene Hemp Road</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>MABEL</u> (Middle) <u>LIZZIE</u> (Last) <u>FOX</u>				January 15, 1956			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11 March 1878</u>	9. AGE last birthday <u>77</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Jacob P. Hesson</u>				14. MOTHER'S MAIDEN NAME <u>Mary E. Mercer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Mrs. Garl A. Tressler, Jefferson, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>442X Cardio-Renal-vascular disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 24, 1954</u> , to <u>Jan 15, 1956</u> , that I last saw the deceased alive on <u>Jan 11, 1956</u> , and that death occurred at <u>2 A</u> M, from the causes and on the date stated above. SIGNATURE <u>J. E. Harp</u> ADDRESS (Street, city, town, state) <u>Middletown, Maryland</u> DATE SIGNED <u>1-15-56</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>18 Jan 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>		LOCATION (City, town, or county) (State) <u>Libertytown, Maryland</u>	
24. REC'D BY REGISTRAR DATE <u>16 Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. R. Etchison & Son, Frederick, Md.</u>			

100-100000

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

CERTIFICATE OF DEATH

282

Reg. Dist. 100

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. OCCUPATION

6. CAUSE OF DEATH

7. DATE OF DEATH

8. TIME OF DEATH

9. PLACE OF BIRTH

10. DATE OF BIRTH

11. SEX OF BIRTH

12. CAUSE OF BIRTH

13. DATE OF BIRTH

14. TIME OF BIRTH

15. PLACE OF BIRTH

16. DATE OF BIRTH

17. SEX OF BIRTH

18. CAUSE OF BIRTH

19. DATE OF BIRTH

20. TIME OF BIRTH

21. PLACE OF BIRTH

22. DATE OF BIRTH

23. SEX OF BIRTH

24. CAUSE OF BIRTH

25. DATE OF BIRTH

26. TIME OF BIRTH

27. PLACE OF BIRTH

28. DATE OF BIRTH

29. SEX OF BIRTH

30. CAUSE OF BIRTH

31. DATE OF BIRTH

32. TIME OF BIRTH

33. PLACE OF BIRTH

34. DATE OF BIRTH

35. SEX OF BIRTH

36. CAUSE OF BIRTH

37. DATE OF BIRTH

38. TIME OF BIRTH

39. PLACE OF BIRTH

40. DATE OF BIRTH

41. SEX OF BIRTH

42. CAUSE OF BIRTH

43. DATE OF BIRTH

44. TIME OF BIRTH

45. PLACE OF BIRTH

46. DATE OF BIRTH

47. SEX OF BIRTH

48. CAUSE OF BIRTH

49. DATE OF BIRTH

50. TIME OF BIRTH

51. PLACE OF BIRTH

52. DATE OF BIRTH

53. SEX OF BIRTH

54. CAUSE OF BIRTH

55. DATE OF BIRTH

56. TIME OF BIRTH

57. PLACE OF BIRTH

58. DATE OF BIRTH

59. SEX OF BIRTH

60. CAUSE OF BIRTH

61. DATE OF BIRTH

62. TIME OF BIRTH

63. PLACE OF BIRTH

64. DATE OF BIRTH

65. SEX OF BIRTH

66. CAUSE OF BIRTH

67. DATE OF BIRTH

68. TIME OF BIRTH

69. PLACE OF BIRTH

70. DATE OF BIRTH

71. SEX OF BIRTH

72. CAUSE OF BIRTH

73. DATE OF BIRTH

74. TIME OF BIRTH

75. PLACE OF BIRTH

76. DATE OF BIRTH

77. SEX OF BIRTH

78. CAUSE OF BIRTH

79. DATE OF BIRTH

80. TIME OF BIRTH

81. PLACE OF BIRTH

82. DATE OF BIRTH

83. SEX OF BIRTH

84. CAUSE OF BIRTH

85. DATE OF BIRTH

86. TIME OF BIRTH

87. PLACE OF BIRTH

88. DATE OF BIRTH

89. SEX OF BIRTH

90. CAUSE OF BIRTH

91. DATE OF BIRTH

92. TIME OF BIRTH

93. PLACE OF BIRTH

94. DATE OF BIRTH

95. SEX OF BIRTH

96. CAUSE OF BIRTH

97. DATE OF BIRTH

98. TIME OF BIRTH

99. PLACE OF BIRTH

100. DATE OF BIRTH

101. SEX OF BIRTH

102. CAUSE OF BIRTH

103. DATE OF BIRTH

104. TIME OF BIRTH

105. PLACE OF BIRTH

106. DATE OF BIRTH

107. SEX OF BIRTH

108. CAUSE OF BIRTH

109. DATE OF BIRTH

110. TIME OF BIRTH

111. PLACE OF BIRTH

112. DATE OF BIRTH

113. SEX OF BIRTH

114. CAUSE OF BIRTH

115. DATE OF BIRTH

116. TIME OF BIRTH

117. PLACE OF BIRTH

118. DATE OF BIRTH

119. SEX OF BIRTH

120. CAUSE OF BIRTH

121. DATE OF BIRTH

122. TIME OF BIRTH

123. PLACE OF BIRTH

124. DATE OF BIRTH

125. SEX OF BIRTH

126. CAUSE OF BIRTH

127. DATE OF BIRTH

128. TIME OF BIRTH

129. PLACE OF BIRTH

130. DATE OF BIRTH

131. SEX OF BIRTH

BUREAU V. S.

JAN 17 1956

RECEIVED

100-100000

RECEIVED

100-100000

594

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Carroll</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		06X-2	
X TOWN <u>Rural, Frederick</u>		<u>12 yrs</u>		TOWN <u>Mr. Westminster</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Ind. Co. Chronic Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE (Month) (Day) (Year)			
COTPA MAY GREEN				OF DEATH: Jan 28 1956			
5. SEX: <u>F</u>		6. COLOR OR RACE: <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>		8. DATE OF BIRTH: <u>Feb. 4, 1893</u>	
9. AGE last birthday: <u>62</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Aaron Green</u>				14. MOTHER'S MAIDEN NAME: <u>Anna Virginia Conway</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>no</u> (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT & ADDRESS: <u>Mr. Roland Smith, 797 E. Detrick St. Ind</u>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
422.2 IMMEDIATE CAUSE (A) <u>Chronic myocarditis</u>		5 yrs.	
ANTECEDENT CAUSE (S) (B) <u>Arteriosclerosis</u>		40 yrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 1951, to Jan 27, 1956, that I last saw the deceased alive on Jan 27, 1953 and that death occurred at 7 P M, from the causes and on the date stated above.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>Feb. 1, 1956</u>	<u>St. Pleasant Cemetery</u>	<u>Garber, Carroll Co., Md.</u>
DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>31 Jan. 1956</u>	<u>Elizabeth W. Heck</u>	<u>J.C. Barton, Walkersville</u>	<u>Md.</u>

MARGIN RESERVED FOR BINDING

BUREAU V. S.

FEB 1 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00562

581

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Brunswick		LENGTH OF STAY (in this place) 15 Yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Brunswick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 125 East Potomac				STREET ADDRESS (If rural give location) 125 East Potomac			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) (Middle) (Last) Georgianna Rebecca Hamilton				Month Day Year I- 4- 19 56			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, DIVORCED, WIDOWED Single	8. DATE OF BIRTH 12-2-1910	9. AGE last birthday 45 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) None		10b. KIND OF BUSINESS None		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.	
13. FATHER'S NAME John William Hamilton				14. MOTHER'S MAIDEN NAME Katie Viola Biser			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mary Jane Hamilton, Brunswick, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
176X IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				Generalized Melastatic Carcinoma Squamous Cell Carcinoma Vaginal Interval between onset and death 3 mo 1 yr 2 mo			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 19 54, to Jan 4 19 56, that I last saw the deceased alive on Jan 2 19 56, and that death occurred at 3 P.M. from the causes and on the date stated above.							
SIGNATURE C. Y. Brice		M.D.		ADDRESS (Street, City, town, state) Jefferson Md		DATE SIGNED 1/5/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF I-7-1956		NAME OF CEMETERY OR CREMATORY Mt. Olivet		LOCATION (City, town, or county) Frederick, Maryland	
24. REC'D BY REGISTRAR DATE 1-10-56		REGISTRAR'S SIGNATURE Eugenia H. Bucke		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Feete and Bro. Brunswick, Md.			

100000

STATE DEPARTMENT OF HEALTH - BALTIMORE 15

CERTIFICATE OF DEATH

FILE NO.

DATE OF DEATH

NAME OF DECEASED

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

SEX

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

NAME OF HOSPITAL

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

RESIDENCE

DATE OF BIRTH

SEX

PLACE OF BIRTH

CAUSE OF DEATH

NAME OF DECEASED

RESIDENCE

DATE OF BIRTH

SEX

BUREAU V. S.

JAN 12 1956

RECEIVED

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF PHYSICIAN

NAME OF DECEASED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

563

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00564

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick	LENGTH OF STAY (in this place) Hours	If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#6	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Bartonsville	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) EARL	(Middle) SYLVESTER	(Last) HARGETT	January 19, 1956
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify): Married	8. DATE OF BIRTH: 10 March 1892
9. AGE last birthday 63 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Day Laborer	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Simon W. Hargett		14. MOTHER'S MAIDEN NAME: Mahala Catherine Griffith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unk	
17. INFORMANT & ADDRESS: Mrs. Nellie B. Hargett, RD#6, Frederick, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE 420.1		8 hours	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		8 years	
(A) Coronary Occlusion			
(B) Myocardial Decompensation			
(C) articular rheumatism			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 1, 1948 , to Jan 19, 1956 , that I last saw the deceased alive on Jan 19, 1956 , and that death occurred at 7:30 PM , from the causes and on the date stated above.			
SIGNATURE Dr. Lawrence Z. Hargrett		ADDRESS Frederick, Maryland	
DATE SIGNED 20 Jan 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 23 Jan 1956	
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 21 Jan 1956		REGISTRAR'S SIGNATURE Elizabeth B. Heck	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

BUREAU V. S.

JAN 23 1956

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

595 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00563

CERTIFICATE OF DEATH

Reg. Dist. No. 139

Item 9, Film 191 1-13-56 et

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Baltimore City	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR			
X TOWN Cullen		7691 days		TOWN Baltimore 3401-4			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) 2214 Poplar Grove Street, ✓			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH:			
(First) Kathryn		(Middle) C.		(Last) Hargadon		January 4, 1956	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Female	White	Single	Dec. 3, 1894	62 61 yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse		10B. KIND OF BUSINESS OR INDUSTRY: Nurse		11. BIRTHPLACE (State or foreign country): Delaware		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Dominic Hargadon				14. MOTHER'S MAIDEN NAME: Della Coffay			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT & ADDRESS: Deceased.			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis				INTERVAL BETWEEN ONSET AND DEATH 31 years.			
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION					
0							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 14, 1934, to Jan. 4, 1956, that I last saw the deceased alive on Jan. 4, 1956, and that death occurred at 11:45 p.m. from the causes and on the date stated above.							
SIGNATURE		M. D. Cullen, Maryland		DATE SIGNED January 6, 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		1-9-56		New Cathedral Cem.		Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
1/5/56		[Signature]		M. L. Creager & Son, Thurmont, Md.			

BUREAU V. S.

JAN 9 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

582

CERTIFICATE OF DEATH

00565

Reg. Dist. No. 141

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <u>Brunswick</u>		LENGTH OF STAY (in this place) <u>65 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Brunswick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>II5 5th.Ave.</u>				STREET ADDRESS (If rural give location) <u>II5 5th.Ave.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Charles</u> (Middle) <u>Edward</u> (Last) <u>Harper</u>				(Month) <u>I</u> (Day) <u>8</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATE <u>Single</u>	8. DATE OF BIRTH <u>8-I-I874</u>	9. AGE last birthday <u>81</u> yrs.	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>C. Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>B&O.R.R.Co</u>		11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Lloyd Harper</u>				14. MOTHER'S MAIDEN NAME <u>Emma B. Forney</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mrs. Lillian Cain, Brunswick, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1. IMMEDIATE CAUSE (A) <u>Cerebral thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Generalized arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Stroke</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-2-56</u>, to <u>1-8-56</u>, that I last saw the deceased alive on <u>1-8-56</u>, and that death occurred at <u>2:30 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Eugenia H. Burke</u>		M.D. <u>Brunswick, Md.</u>		ADDRESS (Street, city, town, state)		DATE SIGNED <u>1-9-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>I-10-56</u>		NAME OF CEMETERY OR CREMATORY <u>Park Heights</u>		LOCATION (City, town, or county) (State) <u>Brunswick, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Eugenia H. Burke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Feete and Bro.</u>		ADDRESS <u>Brunswick, Md.</u>	

BUREAU V. S.

JAN 12 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL or and give nearest town) Frederick	LENGTH OF STAY (in this place) Years	CITY (If outside corporate limits, write RURAL and give nearest town) Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) 30-A East Fourth Street	
3. NAME OF DECEASED: (First) (Middle) (Last) GEORGE WILLIAM HARPER		4. DATE (Month) (Day) (Year) OF DEATH: January 27, 1956	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 3 March 1868
9. AGE last birthday: 87 yrs.		IF UNDER 1 YEAR: Months Days	IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer		10B. KIND OF BUSINESS OR INDUSTRY: Steel Mill	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William H. Harper		14. MOTHER'S MAIDEN NAME: Matilda Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY NO.: None	
17. INFORMANT & ADDRESS: 30-A E. 4th St., Mrs. George Souder, Frederick, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) <u>491X Bronchopneumonia</u>			10 days
ANTECEDENT CAUSE (S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Arteriosclerosis Heart Disease & Emphysema</u> yrs.			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 12, 1956, to Jan 27, 1956, that I last saw the deceased alive on Jan 27, 1956, and that death occurred at 7 P M, from the causes and on the date stated above.			
SIGNATURE Robert S. Turner, Jr.		ADDRESS M. D. Frederick, Maryland 30 Jan 1956	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 30 Jan 1956	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland			
DATE REC'D BY LOCAL REGISTRAR 30 Jan 1956		REGISTRAR'S SIGNATURE Elizabeth S. Heck	
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 1 1956

RECEIVED

1
INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.
VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

596

CERTIFICATE OF DEATH

00567

Reg. Dist. No. 141

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Frederick</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Frederick</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Knoxville</u>	LENGTH OF STAY (in this place) <u>31 yrs.</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural Knoxville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>John Sprigg Hedges</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>I 5 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u>	8. DATE OF BIRTH <u>7-25-1890</u>
9. AGE last birthday <u>65</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if <u>Head Master</u>)		10b. KIND OF BUSINESS OR INDUSTRY <u>B.&O.R.R.Co</u>	
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Harry S. Hedges</u>		14. MOTHER'S MAIDEN NAME <u>Mary Eichelberger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS <u>Adele Hedges, Knoxville, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
331X IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)		<u>Cerebral Hemorrhage</u> <u>Anterior</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>there</u> , 19 <u>40</u> , to <u>1/5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/5</u> , 19 <u>56</u> , and that death occurred at <u>11:15</u> M., from the causes and on the date stated above.			
SIGNATURE <u>[Signature]</u>		DATE SIGNED <u>1/6/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>I-7-1956</u>	
24. REC'D BY REGISTRAR <u>Eugenia H. Burke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Feete and Bro. Brunswick, Md</u>	
26. NAME OF CEMETERY OR CREMATORY <u>St. Marks</u>		27. LOCATION (City, town, or county) (State) <u>Petersville, Maryland</u>	

CERTIFICATE OF DEATH

508

1. Name of Deceased: **Robert J. Hobbs**

2. Date of Death: **January 12, 1956**

3. Place of Death: **Home, 1234 Maple Street, Baltimore, Maryland**

4. Age: **45**

5. Sex: **Male**

6. Race: **White**

7. Occupation: **Engineer**

8. Date of Birth: **July 15, 1910**

9. Date of Death: **January 12, 1956**

10. Cause of Death: **Heart Disease**

11. Place of Birth: **Baltimore, Maryland**

12. Date of Death: **January 12, 1956**

13. Name of Physician: **Dr. J. H. Jones**

14. Name of Coroner: **John D. Smith**

15. Signature of Physician: *[Signature]*

16. Signature of Coroner: *[Signature]*

17. Name of Registrar: **John D. Smith**

18. Date of Death: **January 12, 1956**

19. Name of Registrar: **John D. Smith**

20. Date of Death: **January 12, 1956**

21. Name of Registrar: **John D. Smith**

22. Date of Death: **January 12, 1956**

23. Name of Registrar: **John D. Smith**

24. Date of Death: **January 12, 1956**

25. Name of Registrar: **John D. Smith**

26. Date of Death: **January 12, 1956**

27. Name of Registrar: **John D. Smith**

28. Date of Death: **January 12, 1956**

29. Name of Registrar: **John D. Smith**

30. Date of Death: **January 12, 1956**

31. Name of Registrar: **John D. Smith**

32. Date of Death: **January 12, 1956**

BUREAU V. S.

JAN 12 1956

RECEIVED

Baltimore, Maryland

John D. Smith, Registrar

John D. Smith

1-12-56

English

RECEIVED

STATE DEPARTMENT OF HEALTH
BALTIMORE, MARYLAND
JAN 12 1956
RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

565 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18				00568	
Item 18 Film GL92 2-8-56				Reg. Dist. No. 131	
CERTIFICATE OF DEATH					
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>Frederick</u> MARYLAND			STATE <u>Maryland</u> COUNTY <u>Frederick</u>		
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick-Rural-R.F.D.#5</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>			STREET ADDRESS (If rural give location) <u>Clifton</u>		
3. NAME OF DECEASED:			4. DATE OF DEATH:		
(First) <u>JOHN</u> (Middle) <u>JACOB</u> (Last) <u>HILDEBRAND</u>			(Month) <u>January</u> (Day) <u>24</u> (Year) <u>1956</u>		
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>June 27, 1890</u>	
9. AGE last birthday: <u>65</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY: <u>Alum. Company</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>Thomas Hildebrand</u>		14. MOTHER'S MAIDEN NAME: <u>Matilda Shaffer</u>	
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>214-10-5649</u>		17. INFORMANT & ADDRESS: <u>Mrs. Dorothy S. Hildebrand, Frederick, R.F.D.#5, Md.</u>	
18. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
IMMEDIATE CAUSE (A) <u>Cerebral infarction</u>					<u>8 mo.</u>
ANTECEDENT CAUSE (B) <u>Cerebral hemorrhage</u>					<u>1 wk</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.					
(C) <u>Cerebral thrombosis</u>					<u>8 mo.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan. 24, 1956</u> , to <u>Jan. 24, 1956</u> that I last saw the deceased alive on <u>Jan. 24, 1956</u> and that death occurred at <u>10:12 M.</u> from the causes and on the date stated above.					
SIGNATURE <u>A. G. Pearce</u>		M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>1/25/1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 27, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	
				LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>25 Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Hark</u>		24. FUNERAL DIRECTOR ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>	

RECEIVED

JAN 26 1956

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

597

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00569

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL OR and give nearest town) Thurmont, Md. Rt. #2		LENGTH OF STAY (in this place) 46 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) Thurmont, Md. Rural			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED: (First) (Middle) (Last) Wilson Coleman Holt				4. DATE (Month) (Day) (Year) OF DEATH: Jan. 30, 1956			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Feb. 2, 1889	9. AGE last birthday 66 yrs.	IF UNDER 1 YEAR Months 11 Days 28	IF UNDER 24 HRS. Hours 28 Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter		10B. KIND OF BUSINESS OR INDUSTRY: Painter Contractor		11. BIRTHPLACE (State or foreign country): Lewistown, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Eugene B. Holt				14. MOTHER'S MAIDEN NAME: Mary C. Fogle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213-18-0740		17. INFORMANT & ADDRESS: Mrs. Amanda Holt Thurmont, Md. Rt. #2			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE 4341							
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(A) Coronary Heart Disease						24 days.	
(B) —							
(C) —							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None							
19A. DATE OF OPERATION: none		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 29 , 1956, to Jan. 30 , 1956; that I last saw the deceased alive on Jan. 29 , 1956, and that death occurred at 1 P. M, from the causes and on the date stated above.							
SIGNATURE James T. Gray		M. D.		ADDRESS Thurmont, Md.		DATE SIGNED 1-31-56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2/1/56		NAME OF CEMETERY OR CREMATORY Utica Cemetery		LOCATION (City, town, or county) (State) Utica, Md.	
DATE REC'D BY LOCAL REGISTRAR Jan. 31 1956		REGISTRAR'S SIGNATURE Blanche S. Eyles		24. FUNERAL DIRECTOR M.L. Creager and Son		ADDRESS Thurmont, Md.	

BUREAU V. S.

FEB 2 1956

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

566

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00570

CERTIFICATE OF DEATH

Reg. Dist. No. 131.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place)		If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Middletown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fred. Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u></u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Reverdy Eli Kieeny</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>1</u> <u>17</u> <u>1956</u>			
5. SEX: <u>male</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>married</u>	8. DATE OF BIRTH: <u>9-27-1880</u>	9. AGE last birthday <u>75</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>school teacher, ret.</u>			10B. KIND OF BUSINESS OR INDUSTRY: <u>public school</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>Charles C. Kieeny</u>				14. MOTHER'S MAIDEN NAME: <u>Alice Beard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no.</u>			16. SOCIAL SECURITY NO.: <u>none</u>		17. INFORMANT & ADDRESS: <u>Mrs. Ethel L. Kieeny, Middletown, Md.</u>		
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>420.1 Coronary Occlusion</u>						<u>3 hrs</u>	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>55</u> , to <u>Jan. 17, 1956</u> , that I last saw the deceased alive on <u>Jan. 17</u> , 19 <u>56</u> , and that death occurred at <u>10:30</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>Elmer Hoop</u>				ADDRESS <u>Middletown</u>		DATE SIGNED <u>1-18-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-20-1956</u>		NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		LOCATION (City, town, or county) (State) <u>Middletown, Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1-19-56</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		24. FUNERAL DIRECTOR ADDRESS <u>Bladhill Co., Middletown, Md.</u>			

BUREAU V. S.

JAN 24 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

598

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00571

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Rural-nr. Doubs		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-nr. Doubs		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 4				STREET ADDRESS (If rural give location) Route 4			
3. NAME OF DECEASED: (First) Stanley (Middle) Leo (Last) Lamm				4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 19 56			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: April 30-1935	9. AGE last birthday: 20 yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Roger William Lamm				14. MOTHER'S MAIDEN NAME: Ida Rebecca Jenkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY No.: None		17. INFORMANT & ADDRESS: Mrs. Ida R. Lamm (Mother) Route 4 Frederick-Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
493X Immediate cause (a) Pneumonia						3 wks.	
Antecedent causes (s) (b) cerebral palsy with						20 23 yrs	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) mental retardation							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5 Dec, 1955, to 25 Dec, 1955, that I last saw the deceased alive on 25 Dec, 1955, and that death occurred at 2 A.M., from the causes and on the date stated above.							
SIGNATURE R. L. Guest MD				DATE SIGNED 3 Jan 56			
23. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE THEREOF 1-4-1956		NAME OF CEMETERY OR CREMATORIUM Lutheran Cemetery		LOCATION (City, town, or county) (State) Jefferson Maryland	
DATE REC'D BY LOCAL REGISTRAR 4 Jan. 1956		REGISTRAR'S SIGNATURE Elizabeth B. Heck		24. FUNERAL DIRECTOR C.E. Cline and Son		ADDRESS Frederick-Md.	

CERTIFICATE OF DEATH

1. FULL NAME (LAST, FIRST, MIDDLE) OF DECEASED

2. PLACE OF BIRTH

3. SEX
4. AGE
5. DATE OF BIRTH
6. PLACE OF BIRTH
7. STREET ADDRESS
8. CITY AND COUNTY

9. OCCUPATION
10. MARITAL STATUS
11. DATE OF DEATH
12. PLACE OF DEATH
13. STREET ADDRESS
14. CITY AND COUNTY

15. CAUSE OF DEATH
16. MEDICAL HISTORY
17. PREVIOUS ILLNESS
18. DATE OF ONSET
19. DATE OF DEATH
20. PLACE OF DEATH
21. STREET ADDRESS
22. CITY AND COUNTY

23. SIGNATURE OF DECEASED
24. SIGNATURE OF WITNESS
25. SIGNATURE OF PHYSICIAN
26. SIGNATURE OF CLERK
27. SIGNATURE OF JUDGE
28. SIGNATURE OF SHERIFF
29. SIGNATURE OF CONSTABLE
30. SIGNATURE OF TOWNSHIP CLERK

31. SIGNATURE OF COUNTY CLERK
32. SIGNATURE OF STATE CLERK
33. SIGNATURE OF FEDERAL CLERK
34. SIGNATURE OF POSTAL CLERK
35. SIGNATURE OF TELEGRAPH CLERK
36. SIGNATURE OF RAILROAD CLERK
37. SIGNATURE OF STEAMSHIP CLERK
38. SIGNATURE OF AIRLINE CLERK
39. SIGNATURE OF MARINE CLERK
40. SIGNATURE OF NAVY CLERK

41. SIGNATURE OF ARMY CLERK
42. SIGNATURE OF AIR FORCE CLERK
43. SIGNATURE OF COAST GUARD CLERK
44. SIGNATURE OF CUSTOMS CLERK
45. SIGNATURE OF DEPARTMENT OF AGRICULTURE CLERK
46. SIGNATURE OF DEPARTMENT OF COMMERCE CLERK
47. SIGNATURE OF DEPARTMENT OF EDUCATION CLERK
48. SIGNATURE OF DEPARTMENT OF JUSTICE CLERK
49. SIGNATURE OF DEPARTMENT OF LABOR CLERK
50. SIGNATURE OF DEPARTMENT OF WAR CLERK

51. SIGNATURE OF DEPARTMENT OF THE INTERIOR CLERK
52. SIGNATURE OF DEPARTMENT OF THE ARMY CLERK
53. SIGNATURE OF DEPARTMENT OF THE NAVY CLERK
54. SIGNATURE OF DEPARTMENT OF THE AIR FORCE CLERK
55. SIGNATURE OF DEPARTMENT OF THE COAST GUARD CLERK
56. SIGNATURE OF DEPARTMENT OF THE CUSTOMS CLERK
57. SIGNATURE OF DEPARTMENT OF THE DEPARTMENT OF AGRICULTURE CLERK
58. SIGNATURE OF DEPARTMENT OF THE DEPARTMENT OF COMMERCE CLERK
59. SIGNATURE OF DEPARTMENT OF THE DEPARTMENT OF EDUCATION CLERK
60. SIGNATURE OF DEPARTMENT OF THE DEPARTMENT OF JUSTICE CLERK

RECEIVED
JAN 6 1956
BUREAU V. S.

THIS IS NOT A LEGAL DOCUMENT

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00572

599

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u> COUNTY <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
OR <u>TOWN</u> <u>Braddock Heights</u>		LENGTH OF STAY (in this place) <u>Months</u>		OR <u>TOWN</u> <u>Frederick</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Vindabona Convalescent Home</u>		STREET ADDRESS <u>114 Kline Blvd.</u>					
3. NAME OF DECEASED (First) <u>NATHANIEL</u> (Middle) <u>LUTHER</u> (Last) <u>LEA</u>				4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>3</u> (Year) <u>1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>November 17, 1881</u>	9. AGE last birthday <u>74</u> yrs.	IF UNDER 1 YEAR (Months) <u>3</u> (Days) <u>1956</u>		IF UNDER 24 HRS. (Hours) <u>1956</u> (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coca-Cola Plant</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Nathaniel Lea</u>				14. MOTHER'S MAIDEN NAME <u>(First Name Unknown) Blackwell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>114 Kline Blvd., Dr. Melvin E. Lea, Frederick, Maryland</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
332X IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis, recurrent</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>	
ANTECEDENT CAUSE(S) DUE TO <u>with left hemiplegia</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>Generalized Arteriosclerosis</u>						<u>6 yrs.</u>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. (C)							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1955</u> , to <u>Jan. 3, 1956</u> , that I last saw the deceased alive on <u>Jan. 3, 1956</u> , and that death occurred at <u>9:15 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>				ADDRESS (Street, city, town, state) <u>M.D. 4 E Church St. Frederick, 1/5/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 6, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) <u>Frederick, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Elizabeth S. Hark</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. R. Etchison & Son, Frederick, Maryland</u>			

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		MARRIAGE		OCCUPATION	
JAMES H. HARRIS		45		Male		White		Married		Teacher	
PLACE OF BIRTH		DATE OF BIRTH		DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH	
Baltimore, Md.		Jan 10, 1956		Jan 10, 1956		Baltimore, Md.		Heart Disease		Natural	
RESIDENT OF		DATE OF RESIDENCE		DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH	
Baltimore, Md.		Jan 10, 1956		Jan 10, 1956		Baltimore, Md.		Heart Disease		Natural	
DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		DATE OF DEATH		PLACE OF DEATH	
Jan 10, 1956		Baltimore, Md.		Heart Disease		Natural		Jan 10, 1956		Baltimore, Md.	
DATE OF DEATH		PLACE OF DEATH		CAUSE OF DEATH		MANNER OF DEATH		DATE OF DEATH		PLACE OF DEATH	
Jan 10, 1956		Baltimore, Md.		Heart Disease		Natural		Jan 10, 1956		Baltimore, Md.	

BUREAU V. S.

JAN 10 1956

RECEIVED

ADDRESS

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

SEP 10 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00574

600

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		STATE Maryland COUNTY Frederick		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY OR TOWN rural--Mt. Airy		LENGTH OF STAY (in this place) 14 yrs.		CITY OR TOWN Rural--Mt. Airy		CITY OR TOWN Rural--Mt. Airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS near Unionville		STREET ADDRESS (If rural give location)		STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
ELLA R. LOOKINGBILL				JAN. 22 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
female	white	married	10-12-1877	78 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
housewife		own home		Maryland		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
John Moore				Amelia Gosnell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
no		none		Marshall Lookingbill, Same			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
331X IMMEDIATE CAUSE (A)				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO				2 days			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				2			
(C)				2			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-20-1956, to 1-22-1956, that I last saw the deceased alive on 1-22-1956, and that death occurred at 1:07 P.M. from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
J. H. Legg				1-23-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		1-26-1956		Taylorville		Carroll Co., Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE		Jan. 25, 1956		C. M. Waltz, Winfield, Md.		ADDRESS	

1
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

568

CERTIFICATE OF DEATH

00575

Reg. Dist. No. 131

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick	STATE Maryland	COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville-Rural RD#1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital		STREET ADDRESS (If rural give location) Dublin Road	
3. NAME OF DECEASED (Type or Print) BABY BOY McFARLAND		4. DATE OF DEATH (Month) (Day) (Year) January 8, 19 56	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 7 Jan 1956
9. AGE last birthday yrs. 21 Months 11 Days 21 Hours 56 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME William Robert McFarland		14. MOTHER'S MAIDEN NAME Mary Stoner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS R. F. D. #1, William R. McFarland, Walkersville, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION
1753-1 IMMEDIATE CAUSE (A) Cerebral hypoxia			INTERVAL BETWEEN ONSET AND DEATH 21 hr
ANTECEDENT CAUSE(S) DUE TO (B) Unknown cause			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M. <input type="checkbox"/> White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-7, 1956, to 1-8, 1956, that I last saw the deceased alive on 1-8, 1956, and that death occurred at 3:22 P.M. from the causes and on the date stated above.			
SIGNATURE Robert S. Turner, Jr. M.D.		ADDRESS (Street, city, town, state) 7 East Church St., Frederick, Md.	
DATE SIGNED 1-8-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 9 Jan 1956	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
24. REC'D BY REGISTRAR DATE 9 Jan 1956		25. FUNERAL DIRECTOR'S SIGNATURE Elizabeth S. Heck	
25. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison and Son, Frederick, Md.		ADDRESS	

20623974458

CERTIFICATE OF DEATH

00037

503

Name of Deceased [Illegible]		Date of Death [Illegible]	
Sex [Illegible]		Age [Illegible]	
Place of Birth [Illegible]		Usual Residence [Illegible]	
Cause of Death [Illegible]		Manner of Death [Illegible]	
Physician's Signature [Illegible]		Medical Examiner's Signature [Illegible]	
Date of Report [Illegible]		Time of Report [Illegible]	

BUREAU V. S.

RECEIVED
JAN 12 1936

EXHIBITION

This certificate is to be used only in cases where the death is reported to the health department by a physician or medical examiner. It is not to be used in cases where the death is reported by a layman. The certificate is to be filled out by the physician or medical examiner who attended the deceased, or by the medical examiner if the death was sudden and unexpected. The certificate is to be filed in the health department and a copy is to be sent to the family of the deceased.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 AISC 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00576

131

78

CERTIFICATE OF DEATH

Items 13,14 FilmG192 2-21-56 et

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Cannell</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (In this place) <u>27 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Middleburg</u>		<u>06X-2</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hosp</u>				STREET ADDRESS (If rural give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Ada A. McKinney</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1 22 19 56</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2/20/72</u>	9. AGE last birthday <u>83</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Coleman</u>				14. MOTHER'S MAIDEN NAME <u>Lucretia Eyer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
490X IMMEDIATE CAUSE (A) <u>Pneumonia, Bilateral</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Arteriosclerotic Heart Disease</u>				<u>10 yrs.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12/26</u>, 19<u>55</u>, to <u>1/22</u>, 19<u>56</u>, that I last saw the deceased alive on <u>1/22</u>, 19<u>56</u>, and that death occurred at <u>1:30</u> A.M. from the causes and on the date stated above.							
SIGNATURE <u>Henry V. Chase</u>				ADDRESS (Street, city, town, state) <u>M.D. 4 E. Church St Frederick, Md 1/22/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 24, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Methodist</u>		LOCATION (City, town, or county) (State) <u>Middleburg, Md.</u>	
24. REC'D BY REGISTRAR DATE <u>Jan. 24/56</u>		REGISTRAR'S SIGNATURE <u>Ethel M. Mehrling</u> <u>Eliz. Beckers Local</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B.O. Juss</u>		ADDRESS <u>Taneytown, Md.</u>	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

THIS DATE, 1956

1. USUAL RESIDENCE (NAME) OF DECEASED

2. PLACE OF DEATH

3. DATE OF DEATH
 DAY MONTH YEAR
 TO PLACE OF DEATH
 BY

4. MANNER OF DEATH

5. CAUSE OF DEATH

6. PLACE OF BIRTH (NAME) OF DECEASED

7. SEX OF DECEASED

8. AGE OF DECEASED

9. OCCUPATION OF DECEASED

10. DATE OF BIRTH (NAME) OF DECEASED

11. MARITAL STATUS OF DECEASED

12. PLACE OF DEATH (NAME) OF DECEASED

13. DATE OF DEATH (NAME) OF DECEASED

14. PLACE OF BIRTH (NAME) OF DECEASED

15. SEX OF DECEASED

16. AGE OF DECEASED

17. OCCUPATION OF DECEASED

18. DATE OF BIRTH (NAME) OF DECEASED

19. MARITAL STATUS OF DECEASED

20. PLACE OF DEATH (NAME) OF DECEASED

21. DATE OF DEATH (NAME) OF DECEASED

22. PLACE OF BIRTH (NAME) OF DECEASED

23. SEX OF DECEASED

24. AGE OF DECEASED

25. OCCUPATION OF DECEASED

26. DATE OF BIRTH (NAME) OF DECEASED

27. MARITAL STATUS OF DECEASED

28. PLACE OF DEATH (NAME) OF DECEASED

29. DATE OF DEATH (NAME) OF DECEASED

29. PLACE OF BIRTH (NAME) OF DECEASED

30. SEX OF DECEASED

30. AGE OF DECEASED

31. OCCUPATION OF DECEASED

31. DATE OF BIRTH (NAME) OF DECEASED

32. MARITAL STATUS OF DECEASED

32. PLACE OF DEATH (NAME) OF DECEASED

33. DATE OF DEATH (NAME) OF DECEASED

33. PLACE OF BIRTH (NAME) OF DECEASED

34. SEX OF DECEASED

34. AGE OF DECEASED

35. OCCUPATION OF DECEASED

35. DATE OF BIRTH (NAME) OF DECEASED

36. MARITAL STATUS OF DECEASED

36. PLACE OF DEATH (NAME) OF DECEASED

37. DATE OF DEATH (NAME) OF DECEASED

37. PLACE OF BIRTH (NAME) OF DECEASED

38. SEX OF DECEASED

38. AGE OF DECEASED

39. OCCUPATION OF DECEASED

39. DATE OF BIRTH (NAME) OF DECEASED

40. MARITAL STATUS OF DECEASED

40. PLACE OF DEATH (NAME) OF DECEASED

41. DATE OF DEATH (NAME) OF DECEASED

41. PLACE OF BIRTH (NAME) OF DECEASED

42. SEX OF DECEASED

42. AGE OF DECEASED

43. OCCUPATION OF DECEASED

BUREAU VI, B

AN 28 1956

RECEIVED

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OFFICE OF THE ATTORNEY GENERAL

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY Frederick MARYLAND
 CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick
 LENGTH OF STAY (in this place) Min.

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS South Carroll Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederick
 CITY (If outside corporate limits, write RURAL and give nearest town) Frederick

STREET ADDRESS (If rural give location)
124 Clarke Place

3. NAME OF DECEASED:

(First) (Middle) (Last)
GEORGE LEWIS MOBLEY

4. DATE (Month) (Day) (Year)
 OF DEATH: January 31, 1956

5. SEX:
Male

6. COLOR OR RACE:
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
Widower

8. DATE OF BIRTH:
January 16, 1878

9. AGE last birthday 78 yrs. IF UNDER 1 YEAR Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
Plumbing Contractor

10B. KIND OF BUSINESS OR INDUSTRY:
Owner

11. BIRTHPLACE (State or foreign country):
Maryland

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME:

J. Clarence Mobley

14. MOTHER'S MAIDEN NAME:

Myra H. Likens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
216-14-6395

17. INFORMANT & ADDRESS: 124 Clarke Place, Miss G. Edwina Mobley, Frederick, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420-1

IMMEDIATE CAUSE

(A)

Coronary artery sclerosis with

ANTECEDENT CAUSE (S)

DUE TO

acute myocardial infarction

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While ☐ Not while ☐ at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2, 1953, to 1-31, 1956, that I last saw the deceased alive on 1-30, 1956, and that death occurred at 1:15 P.M. from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

2 February 1956

Elizabeth B. Heck

M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

BUREAU V. S.

FEB 3 1956

RECEIVED

601

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Braddock Heights</u>		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Braddock Heights</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Jefferson Blvd.</u>				STREET ADDRESS (If rural give location) <u>Jefferson Blvd.</u>			
3. NAME OF DECEASED: (First) <u>NINA</u>		(Middle) <u>NULL</u>		(Last) <u>NICODEMUS</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>January 5, 1956</u>	
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE MARRIED, WIDOWED , DIVORCED . (Specify): <u>Married</u>		8. DATE OF BIRTH: <u>November 19, 1893</u>	
9. AGE last birthday: <u>62</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Domestic</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>Joseph M. Null</u>		14. MOTHER'S MAIDEN NAME: <u>Maggie Ecker</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Jefferson Blvd., Mr. H. Fulton Nicodemus, Braddock Heights, Md.</u>		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Acute Coronary occlusion</u>				<u>Sudden</u>			
ANTECEDENT CAUSE (B) <u>arteriosclerosis</u>				<u>6 years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION: <u>0</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>44</u> , to <u>7-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-20-55</u> , 19 <u>55</u> , and that death occurred at <u>12:00</u> M, from the causes and on the date stated above.							
SIGNATURE <u>J. Lawrence Fahnney</u>		M. D. <u>Frederick, Maryland</u>		DATE SIGNED <u>Jan 8, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 8, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Hark</u>		24. FUNERAL DIRECTOR <u>M. R. Etchison & Son, Frederick, Maryland</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 10 1930

RECEIVED

571

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY <u>Fredrick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Fredrick</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Fred Memorial Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Md.</u> COUNTY <u>Fredrick</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Myersville - Rural</u> STREET ADDRESS (If rural, give location) <u>Route #1</u>	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Walter</u> <u>CARMEN</u> <u>Palmer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January</u> <u>15</u> <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1873</u>
9. AGE last birthday <u>82</u> yrs.		10. AGE last birthday If under 1 year: Months Days Hours Mfn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Palmer</u>		14. MOTHER'S MAIDEN NAME <u>Mary Draper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. J. A. Palmer, Myersville</u>			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
<p>976X Immediate cause (a) <u>Gun Shot wound in brain</u></p> <p>Antecedent cause(s) (b) <u>Self inflicted</u></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)</p>		<u>14 hours</u>

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
---	--

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
------------------------	----------------------------------	---

21. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY <u>farm (Barn)</u>	(CITY OR TOWN) <u>Near Myersville</u>	(COUNTY) <u>Fredrick</u>	(STATE) <u>Md.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Jan. 15 1956 7:30 am.</u>	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Gun shot wound Self inflicted</u>		

22. I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒, homicide ☒, undetermined ☐.

SIGNATURE <u>B. O. Thomas M.D. Deputy Medical Examiner</u>	DATE THEREOF <u>Jan 15, 1956</u>	NAME OF CEMETERY OR CREMATORY <u>United Brothers</u>	LOCATION (City, town, or county) <u>Myersville</u>	(STATE) <u>Fredrick Md.</u>
DATE REC'D BY LOCAL REG. <u>17 Jan. 1956</u>	REGISTRAR'S SIGNATURE <u>Elizabeth B. Heck</u>	24. FUNERAL DIRECTOR <u>Paul J. Butts</u> <u>Myersville Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 18 1956

RECEIVED

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

672

1. PLACE OF DEATH - COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Carroll</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Landers</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>MT Airy</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Glen Mary Nursing Home</u>		STREET ADDRESS <u>RD #1</u> (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Leonard</u> (First) <u>M</u> (Middle) <u>Pearis</u> (Last)		4. DATE OF DEATH <u>JAN 29</u> (Month) <u>1956</u> (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 5 1886</u> 69 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>College</u>	11. BIRTHPLACE (State or foreign country) <u>Lawrence Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. FATHER'S NAME <u>Chalmers Addison</u>		14. MOTHER'S MAIDEN NAME <u>Susan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>RT #1</u>	
17. INFORMANT AND ADDRESS <u>Mrs Dorothea Monk Frederick</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause (a) <u>Cerebral Hemorrhage cortex</u>			<u>2 days</u>
Antecedent cause(s) (b) <u>Cerebral Arteriosclerosis</u>			<u>Unknown</u>
(c) <u>Generalized Arteriosclerosis</u>			<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT (Specify) <u>SUICIDE</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour) <u>OF INJURY</u>		INJURY OCCURRED While at <u>Work</u> Not While <u>At work</u>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 23, 1955</u> , to <u>Jan 29, 1956</u> , that I last saw the deceased alive on <u>JAN 29, 1956</u> , and that death occurred at <u>7 P.m.</u> , from the causes and on the date stated above.			
SIGNATURE <u>Joseph Thomas</u>		ADDRESS <u>2nd Jan 29 56</u>	
23. BURIAL CREMATION (Specify) <u>BURIAL</u>		DATE THEREOF <u>1/31/56</u>	
NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>		LOCATION (City, town, or county) <u>Shepherdstown Va.</u>	
DATE REC'D BY LOCAL REG. <u>30 Jan. 1956</u>		24. FUNERAL DIRECTOR <u>Howard K. Brown</u>	
REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>		ADDRESS <u>Martinsburg W. Va.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

FEB 1 1956

RECEIVED

603

CERTIFICATE OF DEATH

Reg. Dist. No. 00581 197

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) Rural - Mt. Airy		CITY (If outside corporate limits, write RURAL and give nearest town) Rural - Mt. Airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penn Shop Rd.		STREET ADDRESS Penn Shop Rd.	

3. NAME OF DECEASED: (Type or Print)	(First) Martha	(Middle) --	(Last) Pheobus	4. DATE OF DEATH: January 13 1956
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: Feb. 25, 1868	9. AGE last birthday: 87 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME: John R. Hiltz	14. MOTHER'S MAIDEN NAME: Madgeline Locknour
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr. John A. Pheobus, Mt. Airy, Md.	

18. MEDICAL CERTIFICATION		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 Immediate cause (a) Acute Cardiac Condition Antecedent cause(s) (b) Probably Coronary Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN)	(COUNTY)
(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 10, 1956**, to **Jan. 13, 1956**, that I last saw the deceased alive on **Jan. 10, 1956**, and that death occurred at **5307**, from the causes and on the date stated above.

SIGNATURE Blair A. Runkle	DATE THEREOF Jan. 15, 1956	NAME OF CEMETERY OR CREMATORY Forest Oak	LOCATION (City, town, or county) Gaithersburg, Md.
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE REC'D BY LOCAL REGISTRAR Jan. 13, 1956	REGISTRAR'S SIGNATURE Blair A. Runkle	24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md.

BUREAU V. S.

JAN 16 1956

RECEIVED

Jan. 16, 1956

1956

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00582

604

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Montgomery County	
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Cullen		LENGTH OF STAY (in this place) 519 days.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital				STREET ADDRESS (If rural give location) Route #5			
3. NAME OF DECEASED: (First) Marion (Middle) J. (Last) Presley				4. DATE (Month) (Day) (Year) OF DEATH: January 7, 19 56			
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: February 22, 1881	9. AGE last birthday 74 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night watchman			10B. KIND OF BUSINESS OR INDUSTRY: Night watchman		11. BIRTHPLACE (State or foreign country): Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Isaac Presley				14. MOTHER'S MAIDEN NAME: Jane Ray			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO. ?		17. INFORMANT & ADDRESS: Deceased		
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary Tuberculosis							5 years.
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug. 6, 19 54 , to Jan. 7, 19 56 , that I last saw the deceased alive on Jan. 7, 19 56 , and that death occurred at 8:45 P.M. from the causes and on the date stated above.							
SIGNATURE [Signature]		M. D. Cullen, Maryland		DATE SIGNED January 9, 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-10-56		NAME OF CEMETERY OR CREMATORY Flower Hill		LOCATION (City, town, or county) (State) Redland. Md.	
DATE REC'D BY LOCAL REGISTRAR 1/9/56		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR ADDRESS Roy W. Barber, Laytonsville, Md.			

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JAN 11 1956

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

572

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00583

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL or town and give nearest town) 11 Town Frederick	LENGTH OF STAY (in this place) 55 Years	CITY (If outside corporate limits, write RURAL or town) 11 Town Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1820 Rosemont Avenue		STREET ADDRESS (If rural give location) 1820 Rosemont Avenue	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) LEWIS	(Middle) WILLIAM	(Last) PUTMAN	January 4, 19 56
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: July 31, 1871
9. AGE last birthday: 84 yrs.		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: John J. Putman		14. MOTHER'S MAIDEN NAME: Rebecca Shriner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: 1820 Rosemont Avenue, Mrs. Della S. Putman, Frederick, Maryland			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE 4348		4 hours	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		4 years	
(A) Acute Atrial Fibrillation			
(B) Chr. Cardiac Decompensation			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from, 19....., to, 19....., that I last saw the deceased alive on Jan 4, 1956, and that death occurred at 11:00 PM, from the causes and on the date stated above.			
SIGNATURE: Lawrence Fahmy		DATE SIGNED: 1/5/1956	
M. D. Frederick, Maryland			
23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial		DATE THEREOF: Jan. 8, 1956	
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery		LOCATION (City, town, or county) (State): Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR: Jan. 1956		24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland	

BUREAU V. S.

JAN 10 1956

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1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00584

605

CERTIFICATE OF DEATH

Reg. Dist. No. 140

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u> COUNTY <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
CITY OR TOWN <u>Walkersville Pa</u>		LENGTH OF STAY (in this place) <u>35 yrs</u>		TOWN <u>Walkersville</u>		TOWN <u>Walkersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location) <u>Route 1</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Edith Alvenia Reddick</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30 1956</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>July 7, 1879</u>	
9. AGE last birthday <u>76</u> yrs.		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Kingsdale, Pa.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13. FATHER'S NAME <u>Pius Staley</u>				14. MOTHER'S MAIDEN NAME <u>Mary C. Staley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>				16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT & ADDRESS <u>Mrs. Maxwell E. Crum</u> <u>Walkersville, Md.</u>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
422.1 IMMEDIATE CAUSE (A) <u>Cerebral thrombosis & cerebral softening</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic CVD</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1 April</u>, 19<u>50</u>, to <u>30 Jan.</u>, 19<u>56</u> that I last saw the deceased alive on <u>29 Jan.</u>, 19<u>56</u>, and that death occurred at <u>4:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>James E. Staley Jr.</u>				DATE SIGNED <u>1/30/56</u>			
23. BURIAL, CREMATION, REMOVAL, (SPECIFY) <u>Burial</u>				24. REC'D BY REGISTRAR <u>Feb. 1, 1956</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Powell & Hartzler</u>				ADDRESS <u>Woodshoro Md.</u>			

583

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1800585

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

COUNTY **Frederick** MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Brunswick** LENGTH OF STAY (in this place) **65 years**
 HOSPITAL OR INSTITUTION OR STREET ADDRESS **501 Walnut**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Frederick**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Brunswick** STREET ADDRESS (If rural give location) **501 Walnut**

3. NAME OF DECEASED:

(First) (Middle) (Last)
James Morgan Rice
 (Type or Print)

4. DATE OF DEATH: (Month) (Day) (Year)
1-29-56

5. SEX:
Male

6. COLOR OR RACE:
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
Married

8. DATE OF BIRTH:
5-12-1885

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
70 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life.
Retired Brakeman

10b. KIND OF BUSINESS OR INDUSTRY:
B. & O. R.R. Co

11. BIRTHPLACE (State or foreign country):
Maryland

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME:

Morgan S. Rice

14. MOTHER'S MAIDEN NAME:

Margaret Gorsage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
No

16. SOCIAL SECURITY No.:
705-10-4185

17. INFORMANT & ADDRESS:
Mrs. May Rice, Brunswick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause

(a)
DUE TO

Antecedent causes (s)
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)
DUE TO

(c)

Interval Between Onset and Death
4 yrs

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY
m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-12-1952**, to **1-29-1956** that I last saw the deceased alive on **1-29-1956**, and that death occurred at **9:00 AM** from the causes and on the date stated above.
 SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

DATE THEREOF

I-31-56

NAME OF CEMETERY OR CREMATORY

Reformed

LOCATION (City, town, or county)

Jefferson, Maryland

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Jan 30-56 Kathryn H. Brown

C.H. Feete and Bro. Brunswick, Md

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 3 1956

BUREAU V. S.

606

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>FREDERICK</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
<u>X</u> <u>Rural, Woodboro</u>		<u>4 years</u>		<u>WOODSBORO</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
—				—			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
(First) (Middle) (Last)				OF DEATH: <u>Jan. 28</u> 19 <u>56</u>			
<u>BRADLEY TAYLOR RIPPEON</u>							
5. SEX: <u>m</u>		6. COLOR OR RACE: <u>w</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>widowed</u>		8. DATE OF BIRTH: <u>Oct. 28, 1884</u>	
9. AGE last birthday: <u>71</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Lime Plant</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Lime Plant</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>BRADLEY TAYLOR RIPPEON, Jr.</u>				14. MOTHER'S MAIDEN NAME: <u>Martha Fritz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>220-10-5612</u>		17. INFORMANT & ADDRESS: <u>Worsey I. Rippeon, Woodboro, Md.</u>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>962X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 years</u>			
ANTECEDENT CAUSE (S) <u>Chronic lung abscess, secondary to</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) <u>Right upper lobe pneumonia, secondary to</u>				<u>3 1/2 years ago</u>			
(C) <u>Fracture right clavicle, comminuted</u>				<u>3 1/2 years ago</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Carcinoma esophagus(?)</u>				<u>6 months</u>			
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1, 1952</u> , to <u>Jan 28, 1956</u> , that I last saw the deceased alive on <u>Jan 27, 1956</u> , and that death occurred at <u>8:30p</u> M., from the causes and on the date stated above.							
SIGNATURE <u>James E. Stoner, Jr.</u>				DATE SIGNED <u>1/30/56</u>			
M. D. <u>Walkersville Md</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 31, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		LOCATION (City, town, or county) (State) <u>Woodboro, Fred. Co., Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>31 Jan - 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Herk-</u>		24. FUNERAL DIRECTOR <u>J. C. Barton, Walkersville, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. B.

FEB 1 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Frederick</u> MARYLAND				STATE <u>Maryland</u> COUNTY <u>Prince Geo.</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN <u>Cullen</u>				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Greenbelt</u> 16-23-2			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 04 <u>Victor Cullen State Hospital</u>				STREET ADDRESS (If rural give location) <u>7-C Research Road</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) Elsie M Schlesinger				4. DATE (Month) (Day) (Year) OF DEATH: <u>January 12, 19 56</u>			
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widow</u>	8. DATE OF BIRTH: <u>Apr. 5, 1894</u>	9. AGE last birthday <u>61</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housekeeper</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country): <u>Middletown, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Mathias Livingston</u>				14. MOTHER'S MAIDEN NAME: <u>Ida Cain</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS: <u>Deceased.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Pulmonary Tuberculosis</u>						23 years.	
ANTECEDENT CAUSE (S)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr. 5, 19 51</u> to <u>Jan. 12, 19 56</u> that I last saw the deceased alive on <u>Jan. 12, 19 56</u> , and that death occurred at <u>2:00</u> M, from the causes and on the date stated above. SIGNATURE <u>[Signature]</u> ADDRESS <u>M. D. Cullen, Maryland</u> DATE SIGNED <u>January 12, 1956</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1-14-56</u>		NAME OF CEMETERY OR CREMATORY <u>Cedar Hill Cem.</u>		LOCATION (City, town, or county) (State) <u>Suitland, P.G.Co., Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>1/12/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24. FUNERAL DIRECTOR <u>W. W. Chambers Co., Riverdale, Md.</u>		ADDRESS	

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 16 1931

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

573

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) Lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick		11	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 11 West 13th Street				STREET ADDRESS (If rural give location) 11 West 13th Street			
3. NAME OF DECEASED: (Type or Print)		(First) ANNIE		(Middle) CATHERINE		(Last) SHEARER	
4. DATE OF DEATH: January 5 19 56		(Month)		(Day)		(Year)	
5. SEX: Female		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed		8. DATE OF BIRTH: March 30, 1872	
9. AGE last birthday: 83 yrs.		IF UNDER 1 YEAR		IF UNDER 24 HRS.		Months Days Hours Min.	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife				10b. KIND OF BUSINESS OR INDUSTRY: Own Home		11. BIRTHPLACE (State or foreign country): Maryland	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME: John Falk			
14. MOTHER'S MAIDEN NAME: Catherine Aubel				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No			
16. SOCIAL SECURITY No.: None				17. INFORMANT & ADDRESS: (Daughter) Mrs. Ernest W. Reeder - Frederick, Maryland			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
42.1.1 Immediate cause (a) Coronary Occlusion						15 months	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Acute Sclerosis						5 yrs +	
(c) Acute Stenosis							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 3, 1956, to Jan. 3, 1956, that I last saw the deceased alive on Jan. 3, 1956, and that death occurred at 4:00 A.M., from the causes and on the date stated above. SIGNATURE (Degree or title) DATE SIGNED							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		Jan. 8, 1956		Mount Olivet Cemetery		Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Jan. 1956		Elizabeth B. Heek		C. E. Cline & Son - Frederick, Maryland		E. H.	

BUREAU V. S.

JAN 9 1956

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL or and give nearest town) 11 TOWN Frederick		LENGTH OF STAY (in this place) Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 69 Frederick Memorial Hospital				STREET ADDRESS (If rural give location) 11 423 Klineharts Alley			
3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) CHARLES HENRY SMITH				4. DATE (Month) (Day) (Year) OF DEATH: January 22, 1956			
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Unknown	9. AGE last birthday 56 ? yrs.	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer		10B. KIND OF BUSINESS OR INDUSTRY: General		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Thomas J. Smith				14. MOTHER'S MAIDEN NAME: Martha E. Goines			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. No		17. INFORMANT & ADDRESS: Miss Edna Smith, 423 Klineharts Alley, Frederick, Maryland			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
539.1 IMMEDIATE CAUSE (A) <u>Esophageal ulcer with perforation</u>						1 yr	
ANTECEDENT CAUSE (S) (B) <u>Senility</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-15, 1956, to 1-15, 1956, that I last saw the deceased alive on 1-15, 1956, and that death occurred at 5:50 PM, from the causes and on the date stated above. SIGNATURE <u>Dr. B. Martin</u> M. D. Frederick, Maryland DATE SIGNED 1/24/1956							
23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial		DATE THEREOF Jan. 25, 1956		NAME OF CEMETERY OR CREMATORY Fairview Cemetery		LOCATION (City, town, or county) (State) Frederick, Maryland	
DATE REC'D BY LOCAL REGISTRAR 25 Jan. 1956		REGISTRAR'S SIGNATURE <u>Elizabeth B. Hark</u>		24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS	

MARGIN RESERVED FOR BINDING

BUREAU V. S.

JAN 28 1956

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

575

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00592

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Frederick</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Frederick</i>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR <i>Frederick</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>1031 N. Market St.</i>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED: (First) (Middle) (Last) <i>Victor T. Smith</i>				4. DATE (Month) (Day) (Year) OF DEATH: <i>1 26 1956</i>			
5. SEX: <i>male</i>	6. COLOR OR RACE: <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>married</i>	8. DATE OF BIRTH: <i>10-25-1876</i>	9. AGE last birthday: <i>79</i> yrs.	IF UNDER 1 YEAR: Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>farm owner, ret.</i>		10B. KIND OF BUSINESS OR INDUSTRY: <i>farm</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME: <i>George Smith</i>				14. MOTHER'S MAIDEN NAME: <i>Elizabeth Beachley</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT & ADDRESS: <i>Mrs. Lela Smith, 1031 N. Market St. Frederick, Md.</i>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <i>420.1 Coronary occlusion</i>						<i>momentary</i>	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from , 19....., to <i>1/26</i>, 19 <i>56</i> , that I last saw the deceased alive on , 19....., and that death occurred at <i>6:45 PM</i> , from the causes and on the date stated above.							
SIGNATURE <i>James B. Thomas</i>		ADDRESS <i>Frederick, Md.</i>		DATE SIGNED <i>1/28/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>1-29-1956</i>		NAME OF CEMETERY OR CREMATORY <i>U.C. Cemetery</i>		LOCATION (City, town, or county) (State) <i>Myersville Md.</i>	
DATE REC'D BY LOCAL REGISTRAR <i>1-28-1956</i>		REGISTRAR'S SIGNATURE <i>Elizabeth L. Heck</i>		24. FUNERAL DIRECTOR <i>Gladiol Co.</i>		ADDRESS <i>Middletown, Md.</i>	

BUREAU V. S.

FEB 1 1956

RECEIVED

698

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

COUNTY *Frederick* MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR *Rural Middletown*
 TOWN *life*
 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Md.* COUNTY *Frederick*
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR *Rural Middletown*
 TOWN *X*
 STREET ADDRESS (If rural give location)

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

(Type or Print)

*John**H.**Stine*

4. DATE (Month) (Day) (Year)

OF

DEATH:

*1**29**1956*

5. SEX:

male

6. COLOR OR RACE:

*white*7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): *widowed*

8. DATE OF BIRTH:

9-11-1872

9. AGE last birthday

83 yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

farm laborer

10B. KIND OF BUSINESS OR INDUSTRY:

farm

11. BIRTHPLACE (State or foreign country):

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME:

Daniel Stine

14. MOTHER'S MAIDEN NAME:

Lucinda Main

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT & ADDRESS:

Mr. Foster Stine, Middletown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)

*Coronary Occlusion**5 mi*

ANTECEDENT CAUSE (B)

DUE TO

*Coronary & generalized atherosclerosis**5 yrs*

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B)

Smoking

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

*Coronary Occ. with defect**4 yrs*

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While ☐ Not while ☐ at work ☐ at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 1955* to *Jan 29, 1956*, that I last saw the deceased alive on *Jan 18, 1956*, and that death occurred at *10:30 AM*, from the causes and on the date stated above.

SIGNATURE

A. J. Brice

M. D.

ADDRESS

Jefferson Md 1/30/56

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

*Burial**2-1-1956**Lutheran Cemetery**Jefferson**Md.*

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

*1-31-56**Elizabeth B. Heck**Bladhill Co., Middletown, Md.*

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

FEB 3 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00591

576

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Frederick</u>		STATE <u>Maryland</u>		COUNTY <u>Frederick</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Frederick</u>		LENGTH OF STAY (in this place) <u>Years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Frederick</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>308 West South Street</u>				STREET ADDRESS (If rural give location) <u>308 West South Street</u>			
3. NAME OF DECEASED (Type or Print) <u>MARSHALL HENRY STOCKMAN Sr.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>January 10, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 5, 1890</u>	9. AGE last birthday <u>65</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>W. Emory Stockman</u>				14. MOTHER'S MAIDEN NAME <u>Annie Wisner</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>308 West South Street, Mrs. May S. Stockman, Frederick, Maryland</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
421.1 IMMEDIATE CAUSE (A) <u>Pulmonary Edema</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arterio Sclerosis</u>						<u>2 yrs +</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, term, lecture, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21a. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 9, 1952</u>, to <u>Jan 10, 1956</u>, that I last saw the deceased alive on <u>July 9, 1956</u>, and that death occurred at <u>4:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>B. Thomas</u>		M.D.		ADDRESS (Street, city, town, state) <u>Frederick, Maryland</u>		DATE SIGNED <u>1/10/1956</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Jan. 13, 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
24. REC'D BY REGISTRAR DATE <u>11 Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth G. Heeb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>M. R. Etchison & Son, Frederick, Maryland</u>			

BUREAU V. S.

JAN

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

577 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00593
 Item 9, FilmGL92 2-1-56 et
CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Frederick</u> MARYLAND		STATE <u>Maryland</u> COUNTY <u>Frederick</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Walkersville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Memorial Hospital</u>		STREET ADDRESS (If rural give location) <u>/</u>	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>ROXIE</u> <u>IRENE</u> <u>STUP</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>January 24, 1956</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>May 21, 1893</u>
9. AGE last birthday: <u>63</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>	
11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Eugene A. Wachter</u>		14. MOTHER'S MAIDEN NAME: <u>Addie Green</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT & ADDRESS: <u>Mr. Charles D. Stup, Walkersville, Maryland</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Uremia</u>			<u>days</u>
ANTECEDENT CAUSE (S) (B) <u>Polycystic kidneys</u>			<u>Life</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/22</u> , 19 <u>56</u> , to <u>1/24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/24</u> , 19 <u>56</u> , and that death occurred at <u>9:55AM</u> , from the causes and on the date stated above.			
SIGNATURE <u>James B. Thomas</u>		ADDRESS <u>Frederick, Maryland</u>	
DATE SIGNED <u>1/26/1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan. 27, 1956</u>	
NAME OF CEMETERY OR CREMATORY <u>Frederick Memorial Park</u>		LOCATION (City, town, or county) (State) <u>Frederick, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>26 Jan. 1956</u>		REGISTRAR'S SIGNATURE <u>Elizabeth S. Heck</u>	
24. FUNERAL DIRECTOR <u>M. R. Etchison & Son</u>		ADDRESS <u>Frederick, Maryland</u>	

BUREAU V. S.

JAN 30 1956

RECEIVED

00594

MARYLAND STATE DEPARTMENT OF HEALTH

1219

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY <u>Frederick</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cornwall</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Frederick</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Winfield - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Frederick Mem. Hospital</u>		STREET ADDRESS (If rural, give location) <u>Sykesville Md. R-1</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>James</u> (Middle) <u>Clyde</u> (Last) <u>Taylor</u>	4. DATE OF DEATH	(Month) <u>January</u> (Day) <u>17</u> (Year) <u>1956</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 10, 1926</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder Automobile Wrecking Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>29</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Malvern Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>George Taylor</u>		14. MOTHER'S MAIDEN NAME <u>no record</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W. 2</u>		16. SOCIAL SECURITY No. <u>431-30-9402</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Berdine Taylor Sykesville Md. R-1</u>		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
9163 Immediate cause (a) <u>Third degree burns over</u>		30 hrs	
Antecedent cause(s) (b) <u>Body Entry & restraints</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING <input type="checkbox"/> PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>place of work</u>		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) <u>January 16, 1956</u> m. <u>2</u>		<u>Woodbine Howard Co. Md</u>	
INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR? <u>Using Acetylene torch</u>	
INJURY <u>Explosion - on tank gas line</u>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>			
SIGNATURE <u>Boothman, Deputy Medical Examiner</u>		DATE SIGNED <u>Jan. 18-56</u>	
23. BURIAL, CREMATION OR REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>Jan. 21, 1956</u>	
NAME OF CEMETERY OR CREMATORY <u>Boonshus Cemetery</u>		LOCATION (City, town, or county) (State) <u>Boonshus Park Co. Md</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 19, 1956</u>		24. FUNERAL DIRECTOR <u>Wm. J. Paul & Sons Boonshus Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 23 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this the bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

578

CERTIFICATE OF DEATH

00595

Reg. Dist. No. 131

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>FREDERICK</u>		MARYLAND		STATE <u>MD.</u>		COUNTY <u>FREDERICK</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK</u>		LENGTH OF STAY (in this place) <u>18 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>FREDERICK</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>FREDERICK MEMORIAL HOSP.</u>				STREET ADDRESS (If rural give location) <u>36 E. SECOND ST.</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>DWIGHT</u> <u>URNER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>10</u> <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>S</u>	8. DATE OF BIRTH <u>12-23-55</u>	9. AGE last birthday <u>18 days</u>	IF UNDER 1 YEAR Months <u>18</u> Days <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u></u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u></u>	
13. FATHER'S NAME <u>JOSEPH FLOYD URNER</u>				14. MOTHER'S MAIDEN NAME <u>PATRICIA MAC AFEE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT & ADDRESS <u>Mother - birth certificate</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>MECONIUM PERITONITIS</u>						<u>?</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>INTESTINAL ATRESIA</u>						<u>?</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u></u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, lecture, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u></u>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>12-23</u> , 19 <u>55</u> , to <u>1-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>56</u> , and that death occurred at <u>5:10 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				M.D. <u>220 N. Market St</u>		DATE SIGNED <u>1-10-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>1/11/56</u>	NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		LOCATION (City, town, or county) (State) <u>Fredrick Md</u>			
24. REC'D BY REGISTRAR <u></u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.E. Carty Co</u>		ADDRESS <u>Fredrick Md.</u>	
DATE <u>11 Jan. 1956</u>		<u>Elizabeth A. Herb</u>		<u>2069281394</u>			

CERTIFICATE OF DEATH

573

1955

1951

1. DECEASED'S NAME (Last, first, middle initial)

2. DATE OF DEATH

3. PLACE OF DEATH (City, town, village, or post office)

4. COUNTY

5. SEX

6. AGE

7. OCCUPATION

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF REGISTRAR

13. SIGNATURE OF CLERK

14. SIGNATURE OF JUDGE

15. SIGNATURE OF SHERIFF

16. SIGNATURE OF CORONER

17. SIGNATURE OF JURY

18. SIGNATURE OF COURT

19. SIGNATURE OF STATE

20. SIGNATURE OF FEDERAL

21. SIGNATURE OF LOCAL

22. SIGNATURE OF OTHER

23. SIGNATURE OF DEATH

24. SIGNATURE OF RECORD

25. SIGNATURE OF BIRTH

26. SIGNATURE OF MARRIAGE

27. SIGNATURE OF DIVORCE

28. SIGNATURE OF ADULTERY

29. SIGNATURE OF PERJURY

30. SIGNATURE OF OBSCENE

31. SIGNATURE OF CRUELTY

32. SIGNATURE OF VIOLENCE

33. SIGNATURE OF DEATH

34. SIGNATURE OF RECORD

35. SIGNATURE OF BIRTH

36. SIGNATURE OF MARRIAGE

37. SIGNATURE OF DIVORCE

38. SIGNATURE OF ADULTERY

39. SIGNATURE OF PERJURY

40. SIGNATURE OF OBSCENE

41. SIGNATURE OF CRUELTY

42. SIGNATURE OF VIOLENCE

43. SIGNATURE OF DEATH

44. SIGNATURE OF RECORD

45. SIGNATURE OF BIRTH

46. SIGNATURE OF MARRIAGE

47. SIGNATURE OF DIVORCE

48. SIGNATURE OF ADULTERY

49. SIGNATURE OF PERJURY

50. SIGNATURE OF OBSCENE

51. SIGNATURE OF CRUELTY

52. SIGNATURE OF VIOLENCE

53. SIGNATURE OF DEATH

54. SIGNATURE OF RECORD

55. SIGNATURE OF BIRTH

56. SIGNATURE OF MARRIAGE

57. SIGNATURE OF DIVORCE

58. SIGNATURE OF ADULTERY

59. SIGNATURE OF PERJURY

60. SIGNATURE OF OBSCENE

61. SIGNATURE OF CRUELTY

62. SIGNATURE OF VIOLENCE

63. SIGNATURE OF DEATH

64. SIGNATURE OF RECORD

65. SIGNATURE OF BIRTH

66. SIGNATURE OF MARRIAGE

67. SIGNATURE OF DIVORCE

68. SIGNATURE OF ADULTERY

69. SIGNATURE OF PERJURY

70. SIGNATURE OF OBSCENE

71. SIGNATURE OF CRUELTY

72. SIGNATURE OF VIOLENCE

73. SIGNATURE OF DEATH

74. SIGNATURE OF RECORD

75. SIGNATURE OF BIRTH

76. SIGNATURE OF MARRIAGE

77. SIGNATURE OF DIVORCE

78. SIGNATURE OF ADULTERY

79. SIGNATURE OF PERJURY

80. SIGNATURE OF OBSCENE

81. SIGNATURE OF CRUELTY

82. SIGNATURE OF VIOLENCE

83. SIGNATURE OF DEATH

84. SIGNATURE OF RECORD

85. SIGNATURE OF BIRTH

86. SIGNATURE OF MARRIAGE

87. SIGNATURE OF DIVORCE

88. SIGNATURE OF ADULTERY

89. SIGNATURE OF PERJURY

90. SIGNATURE OF OBSCENE

91. SIGNATURE OF CRUELTY

92. SIGNATURE OF VIOLENCE

93. SIGNATURE OF DEATH

94. SIGNATURE OF RECORD

95. SIGNATURE OF BIRTH

96. SIGNATURE OF MARRIAGE

BUREAU V. S.

JAN 12 1956

RECEIVED

1/11/56

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1/11/56

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00596

584

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
35 TOWN Brunswick		4 yrs.		TOWN Brunswick		35	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 519 Brunswick Street				STREET ADDRESS (If rural give location) 519 Brunswick St.			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
JOHN NEWTON WATERS				January 11, 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	Widower	Nov. 14, 1860	95 yrs.	1 Months 28 Days	1 Hours 56 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Farmer (Ret.)		Gen. Farming		Shepherdstown, West Va.		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
John Waters				Katherine Overton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
No		None		Mrs. John Moore 519 Brunswick St., Brunswick, Md.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						412 days	
331X							
IMMEDIATE CAUSE (A)							
Cerebral Hemorrhage							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/27, 1955, to 1/11, 1956, that I last saw the deceased alive on 1/6, 1956, and that death occurred at 6:45 AM, from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
W. A. Carpenter				1/11/56			
M. D. Louisville, Va.				(State)			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
Burial		1/13/56		Samples Manor Cemetery		Samples Manor, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
		Eugenia H. Burke		Donald Eckles			
DATE				ADDRESS			
1-12-56				W. Va.			
				Harpers Ferry,			

CERTIFICATE OF DEATH

MASSACHUSETTS DEPARTMENT OF HEALTH - BOSTON

1. NAME OF DECEASED

2. SEX

3. AGE

4. OCCUPATION

5. PLACE OF BIRTH

6. DATE OF BIRTH

7. DATE OF DEATH

8. TIME OF DEATH

9. PLACE OF DEATH

10. CAUSE OF DEATH

11. MANNER OF DEATH

12. SIGNATURE OF PHYSICIAN

13. SIGNATURE OF REGISTRAR

14. SIGNATURE OF WITNESSES

15. SIGNATURE OF DECEASED

16. SIGNATURE OF NEAREST RELATIVE

17. SIGNATURE OF CLERGYMAN

18. SIGNATURE OF BURIAL OFFICIAL

19. SIGNATURE OF CORONER

20. SIGNATURE OF JURY

21. SIGNATURE OF JUDGE

22. SIGNATURE OF SHERIFF

23. SIGNATURE OF CLERK

24. SIGNATURE OF DECEASED

25. SIGNATURE OF NEAREST RELATIVE

26. SIGNATURE OF CLERGYMAN

27. SIGNATURE OF BURIAL OFFICIAL

28. SIGNATURE OF CORONER

29. SIGNATURE OF JURY

30. SIGNATURE OF JUDGE

31. SIGNATURE OF SHERIFF

32. SIGNATURE OF CLERK

33. SIGNATURE OF DECEASED

34. SIGNATURE OF NEAREST RELATIVE

35. SIGNATURE OF CLERGYMAN

36. SIGNATURE OF BURIAL OFFICIAL

37. SIGNATURE OF CORONER

38. SIGNATURE OF JURY

39. SIGNATURE OF JUDGE

40. SIGNATURE OF SHERIFF

41. SIGNATURE OF CLERK

42. SIGNATURE OF DECEASED

43. SIGNATURE OF NEAREST RELATIVE

44. SIGNATURE OF CLERGYMAN

45. SIGNATURE OF BURIAL OFFICIAL

46. SIGNATURE OF CORONER

47. SIGNATURE OF JURY

48. SIGNATURE OF JUDGE

49. SIGNATURE OF SHERIFF

50. SIGNATURE OF CLERK

51. SIGNATURE OF DECEASED

52. SIGNATURE OF NEAREST RELATIVE

53. SIGNATURE OF CLERGYMAN

54. SIGNATURE OF BURIAL OFFICIAL

55. SIGNATURE OF CORONER

56. SIGNATURE OF JURY

57. SIGNATURE OF JUDGE

58. SIGNATURE OF SHERIFF

59. SIGNATURE OF CLERK

60. SIGNATURE OF DECEASED

BUREAU A. S.

JAN 18 1955

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 139

699

1. PLACE OF DEATH: Cullen				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Frederick		MARYLAND		STATE Maryland		COUNTY Prince George	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville 16-15-2			
X TOWN Cullen		407 days		STREET ADDRESS (If rural give location) 5103-43rd. Ave., Apt. 205			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital							
3. NAME OF DECEASED: (First) Agnes		(Middle) Josephine		(Last) Watson		4. DATE (Month) (Day) (Year) OF DEATH Jan. 20 19 56	
5. SEX: F	6. COLOR OR RACE: White	7. WIDOWED Widow	8. DATE OF BIRTH: 9/19/1875		9. AGE last birthday 80 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework		10B. KIND OF BUSINESS OR INDUSTRY: Housewife		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Patrick Maguire				14. MOTHER'S MAIDEN NAME: Elizabeth Daly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Agnes J. Watson, 5103-43rd. Ave., Hyattsville, Maryland.			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Pulmonary tuberculosis						19 months	
ANTECEDENT CAUSE (S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST. (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/9/54 , 19....., to 1/20/, 1956 , that I last saw the deceased alive on 1/20/, 1956 , and that death occurred at 1:15 A.M. , from the causes and on the date stated above.							
SIGNATURE [Signature]		ADDRESS Cullen, Maryland		DATE SIGNED 1/21/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-23-56		NAME OF CEMETERY OR CREMATORY Mt. Olivet		LOCATION (City, town, or county) (State) Washington, D. C.	
DATE REC'D BY LOCAL REGISTRAR 1/21/56		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR F. Gasch's Sons, Hyattsville, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 23 1956

RECEIVED

579

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH— COUNTY Frederick MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED— STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL and give nearest town) 11 TOWN Frederick		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Frederick	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute To Hospital		STREET ADDRESS (If rural, give location) 116 West Church Street	
3. NAME OF DECEASED (First) (Middle) (Last) JOHN DAVID WHITE		4. DATE OF DEATH (Month) (Day) (Year) January 6, 1956	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 10, 1883
9. AGE last birthday 72 yrs.		10. If under 1 year Months Days Hours Min. 19 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handyman		10b. KIND OF BUSINESS OR INDUSTRY Poultry Co.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME James White		14. MOTHER'S MAIDEN NAME Ellen Crum	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 214-10-1293	
17. INFORMANT AND ADDRESS Mrs. Ellen L. White, 116 West Church St., Frederick, Md.			

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary Thrombosis		Known
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis		known

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Antic Hosp.	(CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial		DATE THEREOF Jan. 9, 1956	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. Jan. 1956	REGISTRAR'S SIGNATURE Elizabeth B. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland		ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 10 1936

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

610

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00599

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryland	COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick-Rural-R.D.#4		CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick-Rural-R.D.#4	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) CHARLES (Middle) EUGENE (Last) WILES		January 23, 1956	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: September 20, 1878
9. AGE last birthday: 77 yrs.		10. BIRTHPLACE (State or foreign country): Maryland	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer and Carpenter		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Frederick E. Wiles		14. MOTHER'S MAIDEN NAME: Susan F. Corun	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No		16. SOCIAL SECURITY No. 579-07-8988	
17. INFORMANT & ADDRESS: Leslie E. Wiles, Frederick, R.F.D.#4, Md.			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
332X IMMEDIATE CAUSE (A) Cerebral Thrombosis		6 wks	
ANTECEDENT CAUSE (B) Advanced generalized arteriosclerosis		6 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C) Myocarditis		8 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1/3, 1953, to 1/23, 1956, that I last saw the deceased alive on 1/22, 1956, and that death occurred at 5:20 A.M. from the causes and on the date stated above.			
SIGNATURE: C. Jefferson		DATE SIGNED: 1/24/1956	
M. D. Jefferson, Maryland			
23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial		DATE THEREOF: Jan. 25, 1956	
NAME OF CEMETERY OR CREMATORY: St. Luke's Cemetery		LOCATION (City, town, or county) (State): Feagaville, Maryland	
24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland			
DATE REC'D BY LOCAL REGISTRAR: 25 Jan. 1956		REGISTRAR'S SIGNATURE: Elizabeth B. Heck	

BUREAU V. S.

JAN 26 1956

RECEIVED